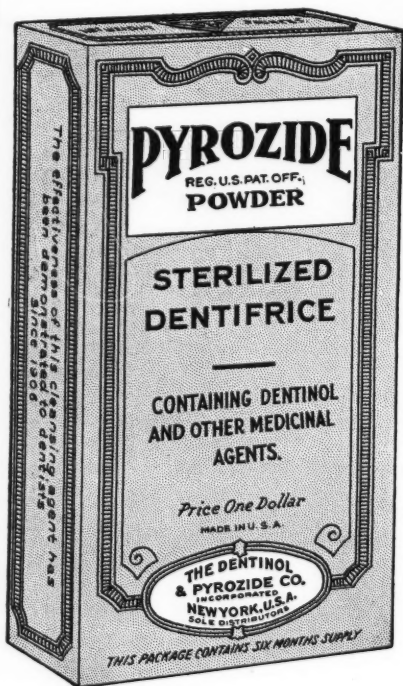




ORAL HYGIENE

UNIVERSITY OF MICHIGAN
S. SMITH & SON, LONDON
F. M. TILA
REMOVED

In the Home, Science and Skill play three parts in the drama of Oral Hygiene



- (1) the correct method of brushing the teeth and the gums.
- (2) the best type of brush for each individual mouth.
- (3) the medium used on the brush.

The direction of this drama is in the hands of the dentist. Its execution is in the hands of the patient.

- (1) NOT SO EASY. Demonstrations by the dentist are necessary.
- (2) FAIRLY EASY. Age, size of mouth and condition of teeth and gums are factors.
- (3) VERY EASY, IF PYROZIDE POWDER (medicated dentifrice) is used two or more times daily for keeping the teeth clean and the gums hard.

Gum-Gripped Teeth Give Long Service

FREE SAMPLES COUPON

THE DENTINOL & PYROZIDE CO., INC.

O.H.

(Sole Distributors)

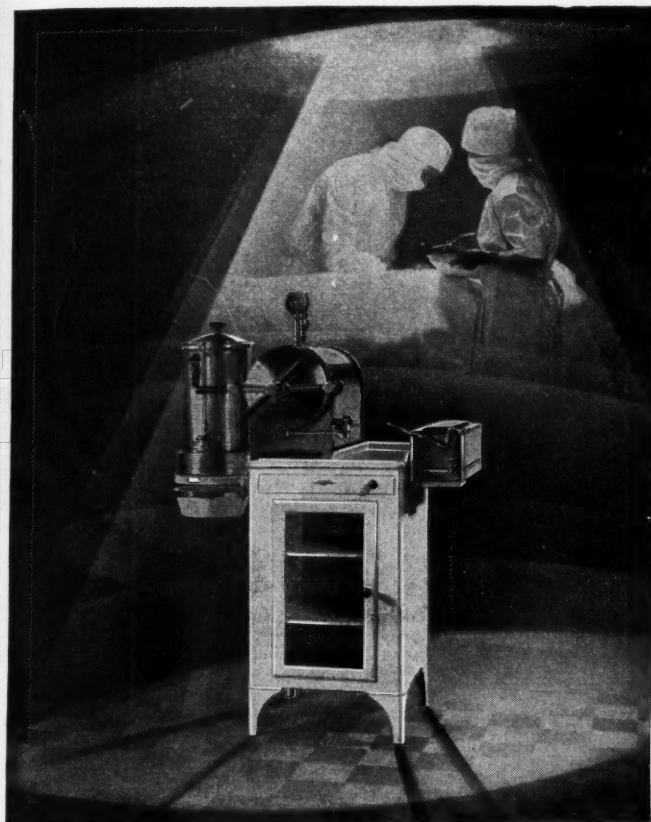
1480 Broadway, New York, N. Y.

Please send FREE SAMPLES PYROZIDE POWDER for distribution to my patients.

Name..... D.D.S.

Street.....

City and State.....



Have Hospital Sterilizing Safety

In your own office at low cost. It is built in a hospital sterilizer
 Rochester Autoclave is famous factory by those who have
 for its simplicity and accuracy. known how for many years.

"Full-Automatic" Control—Low-water Cut-off

Write for catalog
 showing various
 models.

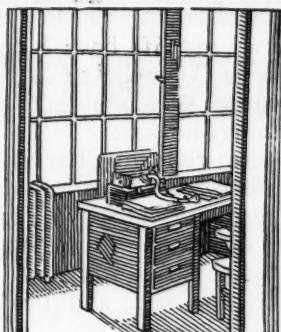
CASTLE

1158 University Ave.
 Rochester
 New York



Colonel Rea Proctor McGee

THE
Publisher's



Copyright, 1931, by
Merwin B. Massol

No. 114

C O R N E R

BY MASS

IF it were not for the air mail, ORAL HYGIENE would likely appear only occasionally.

For the publisher insists on publishing in Pittsburgh, Pennsylvania. And the editor insists on editing in Los Angeles, California. And ORAL HYGIENE insists on retaining its editor.

EVEN though the big planes zoom swiftly across the land with manuscripts and proof-sheets, there is rather frequent necessity for telegraphing timely editorials so that dead-lines may be met.

We have a Postal Teletype here in the Pittsburgh office and our stuff comes in on a sort of ticker tape, and it's always a thrill to watch it—wondering what the next word is going to be.

But neither the air mail nor the Teletype would overcome the 3,000-mile gap—if Rea and I didn't click pretty well.

Sometimes the clicking throws off a lot of hot sparks, to be sure—for we don't always agree—but in the main things go along smoothly enough and the magazine pops forth every thirty days in spite of This and That.

NEVER in all my life have I known anyone so interesting as Colonel Rea McGee.

He has a memory that photographs the things he reads and the things he sees.

If you happen to refer to Charlemagne—which I wouldn't because I don't know anything about him—Rea will at once tell you who he was and what he did and why he did it and, moreover, he'll interpret Charlie by the standards of today. The character takes on reality, and life, and fairly breathes before you.

Or if you happen to ask him for a definition of carcinoma, Rea will tell you all about it and so vividly and simply that even a child-mind like this publisher's will understand.

He is the perfect teacher.

His own mind x-rays every subject with which he comes into contact. He sees into it and around it and back of it.

Then, sensing your own capacity for understanding the subject—or your lack of capacity—Rea will put his explanation into words and similes that you can understand.

For example, I would be unable to grasp the explanation of a pathological condition that he would present to a dentist—but Rea could turn right around, the very next minute, and tell *me* about it, and I'd understand.

HE'S interested in everything—even the prohibition amendment. He does not drink but has kept himself informed on this topic and wrote a lively editorial regarding it some time ago—which is still on ice.

It was written at the time of *The Literary Digest* poll, for we figured it would be interesting to poll the dental profession. The editorial carried a ballot.

It's never been printed, and perhaps won't be, largely because I have lacked the courage to lay the

HEIDBRINK

For Every Anesthesia Requirement

Simple, convenient, mechanical means are provided to meet every demand for the anesthetist, whether for routine or emergency administration.

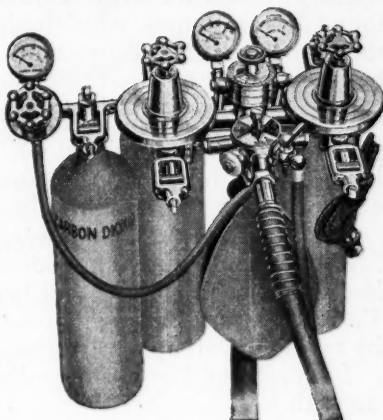
The apparatus is instantly responsive to mechanical manipulation, and delivery of the gases is so accurate that 90% of dental patients respond to a simple, routine technique.

Sight-feed gauges indicate at all times the exact dosage being administered. Emergency oxygen is instantly available.

There is absolute control of pressures and rebreathing. Pressures are evenly maintained by automatic regulation and within safety limits.

Every desirable feature for easily and successfully producing anesthesia or analgesia is found on the Heidbrink. The use of the apparatus is quickly learned.

The Heidbrink has always been most economical in operation.



Send for Illustrated CATALOGUE No. 7

The **HEIDBRINK COMPANY**
Minneapolis Minnesota U.S.A.

YOU WILL LIKE MAVES NO. 3 INLAY WAX

*A Wax of Superior Quality, Especially Adaptable
for Wax Pattern Expansion Techniques*

Sticks or Cones—Large Box \$1.00

YOUR DEALER HAS IT

magazine open to criticism for talking about prohibition one way or the other.

But Rea is made of sterner stuff. He never lacks courage. Often we sit here quaking, until our knees sound like castanets, when he has published an editorial that tells the bitter truth about something he believes should be aired.

IN this issue, Dr. Clarence Simpson calls him a "verbose iconoclast" which is a pretty accurate label I guess, for Rea loves to bust idols and he knows a lot of words wherewith to bust 'em.

All too frequently for the tranquillity of a peace-loving bloke like myself, someone comes barging in here to lick the editor—and because the editor is in California, the idea is that satisfaction can be had by taking *me* all apart. It goes about like this:

I say: "But I'm not the editor. I had nothing to do with it."

"The hell you didn't! You printed it, didn't you?"

"W-well, y-y-yes, b-b-but—"

"*But* my eye! NOW LOOK HERE—"

By that time my retorts are pretty incoherent because my speech impediment comes to my rescue. Everything has its reason for being—bugs apparently reprehensible eat bugs which are more reprehensible—Providence looks after everything—my stuttering has likely saved me more than once.

Rea's courage springs from no great physical advantages. He's a little fellow, and I don't believe he takes any sort of exercise.

Some editors write a trouble-making editorial, then go to the gym and shadow-box a while to prepare for the arrival of nettled subscribers. But not Rea. He writes what he believes and let's the chips fall where they may—even though they rain upon the head of a stuttering publisher.

There may be some chip-raining or worse soon after this CORNER appears in print, for Rea won't see it any sooner than you will.

for toothache
for the pain of abscess .
for nervousness before
operation
to offset the by-effects
of procaine
to relieve
post-operative pain . . .

ALLONAL **'Roche'**

One tablet within the hour preceding the appointment will calm the nervous patient Advise one tablet to be taken on reaching home to relieve pain Another tablet may be taken later on, if excessive pain prevents sleep

NON-NARCOTIC
SAFE QUICK

*A complimentary trial supply
sent to dentists on request*

Hoffmann-La Roche, Inc.

Makers of Medicines of Rare Quality
NUTLEY NEW JERSEY

Incipient Scurvy Advanced as Factor in Dental Disorders

RECENT research substantiates the theory that many dental disorders have a scorbutic background, caused by the common deficiency of modern diets in vitamin C. This work is reported in a recent issue of "The Journal of the American Dental Association." *

To summarize its findings in brief:

Case records were kept on 191 patients. A tabulation was made, correlating tooth and gum troubles with dietaries. Vitamin C deficiency was the *only* factor showing a parallel relationship.

Subjects were placed on a well-balanced diet which included the daily ingestion of two eight-ounce glasses of fresh orange juice with the juice of half a lemon in each. In every case observed, it was found to provide ample antiscorbutic to improve the gum conditions due to dietary unbalance.

(Orange-lemon juice was used "because it is, so far as we now

know, the most concentrated source of vitamin C, and it seldom leads to physical disturbances.")

Plates from actual photographs accompany the report to illustrate various types of gingival tissue attributable to dietary deficiencies.

An additional result, not wholly expected, was the improvement in *general health* of those who followed the dietary.

Reprints Available

We as growers of California oranges and lemons, have a natural interest in these recent advances in dental knowledge. We have obtained a limited number of reprints of the article and color plates as they appeared in "The Journal of the American Dental Association." Members of the dental and medical professions may obtain copies, gratis, by mailing the coupon below.



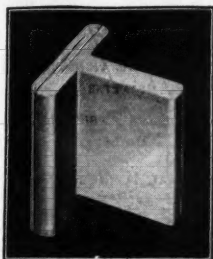
Dietetic Research Department, California Fruit Growers Exchange,
Div. 501-M, Box 530, Station C, Los Angeles, California.

Please send me without cost or obligation your reprint of:

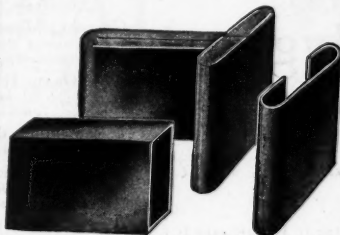
- * "Relation of Diet to General Health and particularly to Inflammation of the Oral Tissues and Dental Caries." M. T. Hanke in collaboration with the Chicago Dental Research Club, Otho S. A. Sprague Memorial Institute and Department of Pathology, University of Chicago. The Journal of the American Dental Association. Vol. 17, No. 6, pp. 957-967 (June 1930).

Name _____ Street _____

City _____ State _____



**The STERN No. 7
ATTACHMENT (5 Sizes)**
PATENT NO. 1,488,627



**The McCOLLUM
Stress-Breaker Extension Type
ATTACHMENT (3 Styles: 2 Sizes Each)**

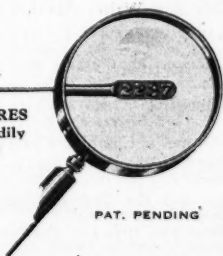
Don't MISS » »

the extra advantages to be had *only* in the diversified line of STERN Attachments. ¶ There is the double-adjustable STERN No. 7 Attachment . . . for cases where precise and delicate adjustment is paramount. The stress-breaker McCOLLUM Attachment . . . where a stress-breaker is important. And the STERN No. 1 Attachment . . . where maximum strength is the chief consideration. ¶ *Each is designed to fulfill a special purpose and augment your success!* Pin this page to your card or letterhead and mail for further particulars about advanced ideas in dental golds and specialties

Made by STERN

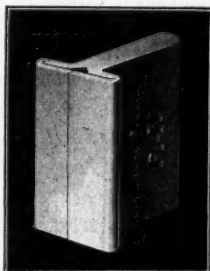
L. STERN & CO., 218 WEST 40th STREET, NEW YORK

At last—WIRES
you can readily
identify!



PAT. PENDING

One of
STERN "Quality-Marked" WIRES



**The STERN No. 1
ATTACHMENT (2 Sizes)**
PAT. NOS. 1,451,718—1,514,267

Oral Hygiene

REA PROCTOR McGEE,
D. D. S., M. D., *Editor*

January, 1931

PUBLICATION OFFICE:
1117 Wolfendale St., Pitts-
burgh, Penna.; Merwin B.
Massol, Publisher; Lynn A.
Smith, Treasurer; T. N.
Christian, D.D.S., Assistant
Publisher; J. J. Downes,
J. W. Kaufman, Associates.
Telephone, Fairfax 8300.

Illustrations by
James W. Kaufman

CHICAGO: Peoples Gas
Bldg.; W. B. Conant, West-
ern Manager. Telephone, Har-
rison 8448.

NEW YORK: 62 West
45th St.; Stuart M. Stanley,
Eastern Manager. Telephone,
Vanderbilt 3758.

ST. LOUIS: Syndicate
Trust Bldg.; A. D. McKin-
ney, Southern Manager. Tele-
phone, Garfield 0043.

SAN FRANCISCO: 155
Montgomery St.; Roger A.
Johnstone, Pacific Coast Man-
ager. Telephone, Garfield
8794.

LOS ANGELES: 117 West
9th St. Telephone Tucker
3238.

*Please address all
manuscripts and cor-
respondence to 1117
Wolfendale Street,
Pittsburgh, Penna.*

Copyright, 1931,
By REA PROCTOR McGEE

Twenty Years of Service - - - - -	19
<i>By Harry B. Pinney, D.D.S., Secretary, American Dental Association</i>	
Carrying Messages to Garcia - - - - -	20
<i>By Colonel Robert Todd Oliver, President, American Dental Association</i>	
The ORAL HYGIENE Anniversary - - - - -	22
<i>By C. N. Johnson, D.D.S., Editor, Journal of American Dental Ass'n</i>	
I Remember the First Number - - - - -	24
<i>By J. P. Buckley, D.D.S.</i>	
An Appreciation of ORAL HYGIENE - - - - -	26
<i>By Frederic R. Henshaw, D.D.S., Dean, Indiana University School of Dentistry</i>	
The Birth of a Notion - - - - -	27
<i>By John Bell Williams, Ph.G., D.D.S., F.A.C.D., Richmond, Va.</i>	
As Though It Were Yesterday - - - - -	29
<i>By Thaddeus P. Hyatt, D.D.S., Director Dental Division, Metropolitan Life Insurance Company</i>	
May You Long Continue! - - - - -	30
<i>By Thomas J. Barrett, D.D.S., President, The Dental Educational Council of America</i>	
An Achievement - - - - -	32
<i>By Charles Shepard Tuller, D.D.S., New Orleans, L. A.</i>	
Keep It Up! - - - - -	33
<i>By James L. Howard, D.D.S., Hollywood, California</i>	
Twenty Years After - - - - -	34
<i>By Rea Proctor McGee, D.D.S., M.D.</i>	
A Distinct Place - - - - -	41
<i>By Ralph R. Byrnes, D.D.S., Executive Dean, Atlanta Southern Dental College</i>	
A 4-Page History of ORAL HYGIENE - - - - -	43
<i>By Merwin B. Massol, Publisher</i>	
Turning the X-Ray on 'em - - - - -	47
<i>By Clarence O. Simpson, D.D.S., M.D., St. Louis, Mo.</i>	
Majora in Dies Atque Meliora! - - - - -	48
<i>By Prof. Angelo Chiavaro, D.D.S., M.D., Royal University of Genoa</i>	
Dilemmas of Dentistry - - - - -	52
<i>By Ex-Dentist</i>	
Doc Sale's Boy Writes Another Book - - - - -	58
Ask ORAL HYGIENE - - - - -	60
<i>Conducted by V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S.</i>	
Editorials - - - - -	64
International ORAL HYGIENE - - - - -	66
<i>Translated and Briefed by Charles W. Barton</i>	
The Reformer's Complex Comes to Dentistry - - - - -	69
<i>By Edward J. Ryan, B.S., D.D.S., Chicago, Ill.</i>	
Dentistry and the Business Situation - - - - -	77
<i>By Edwin N. Kent, D.M.D., Lecturer on Conduct of Practice, Harvard University Dental School</i>	
Mr. Kinney's "Panel Dentistry" - - - - -	80
<i>By T. N. Christian, D.D.S., Assistant Publisher</i>	

Advertising Index appears on page 238



ORAL HYGIENE



*Registered in U.S. Patent Office
Registered Trade Mark, Great Britain*

A Journal for Dentists

TWENTY-FIRST YEAR

JANUARY, 1931

VOL. 21, No. 1

Twenty Years of Service

By HARRY B. PINNEY, D. D. S.,

SECRETARY, AMERICAN DENTAL ASSOCIATION

ON the first of January, ORAL HYGIENE will have completed twenty years of service to the dental profession, and I wish to congratulate you.

In the opinion of the writer, ORAL HYGIENE has lived up to its opportunities; it has fulfilled its purpose in fostering the advancement of oral hygiene, and in serving as a source of information to the dental profession.

I wish you continued success.

Carrying Messages *to* GARCIA

By COLONEL ROBERT TODD OLIVER,
Dental Corps, U. S. Army,
PRESIDENT, AMERICAN DENTAL ASSOCIATION

MY hearty congratulations to ORAL HYGIENE—twenty years old and still going strong—carrying messages to Garcia in each of its issues, impartially, to all dentists of the country.

Surely, the mighty spirit of Linford Smith still marches onward with its columns, expanding and blossoming each year with increasing evidence of his far-visioned ambition to spread the gospel of oral hygiene “throughout all the land and to all the inhabitants thereof.”

It thus has brought intimately to our people the truth that clean mouths and teeth are important factors to the maintenance of general health and to dental science has made a contribution destined to help in creating and developing the new specialty, Preventive Dentistry.

ORAL HYGIENE was brought into being as the medium of his choice with which

to bring this educational campaign to the perception of our citizens. George Edwin Hunt became its first editor—a most affable and capable literary genius whose pioneer work in preparing and publishing its educational programs and in helping to carry out their policies of operation, was of inestimable value.

These two splendid leaders in advanced dental thought and initiative built far better than they knew—achieving for dentistry a broader conception of its real worth—in the minds of the laity, and generally, a greater appreciation of the profession as a health service.

My compliments and high regards to ORAL HYGIENE'S present editorial, and its publication staff.

They are ably carrying forward the flaming torch of knowledge left them by the great founder.



The ORAL HYGIENE *Anniversary*

By C. N. JOHNSON,

EDITOR, JOURNAL OF AMERICAN DENTAL
ASSOCIATION

IT gives me the greatest pleasure imaginable to respond to the request to write something on the occasion of the ORAL HYGIENE twentieth anniversary.

The question is asked: "Has this publication justified its existence?" I can say in all sincerity that it has.

ORAL HYGIENE has met a need that was not filled by any other publication.

It presented to the profession a certain phase of dental activity that was never broached by the ultra scientific or technical journals, and while these journals served the profession in a most acceptable way so far as the science and art of dentistry were concerned, they left something to be desired in certain phases of professional experience which after all prove of as great interest to most men as the more profound problems of daily practice.

ORAL HYGIENE was brought into existence to portray the lighter and more intimate side of professional life, the personal touches here and there, the human experience of men and women following

a common calling, and it has filled this function in a most commendable way.

It has never pretended to take the place of other periodicals with a scientific atmosphere. It has steadfastly adhered to its original policy of filling a niche that had never before been filled. In this it has been consistent throughout ever since its initial number, and today its readers know precisely in advance just the character of material that each issue will bring them. Not that it fails to present new ideas at suitable intervals whenever occasion seems to demand them. It has been progressive from the first, but its policy has never changed.

If we were obliged to do without ORAL HYGIENE now it would leave a blank in our periodical literature that would be perceptible to the thousands of readers who have grown to look for its monthly visit. If it lives up to its tradition it will improve as time goes on, and it will continue to serve dentistry in a field all its own as acceptably in the future as in the past.

All honor to the memory of its founder, the late Linford Smith, and equal honor to the splendid men who have directed its editorial and managerial destinies, from Hunt and Belcher, down to McGee and "Mass." They have all done a splendid work and my best wishes are hereby extended to the present incumbents with the hope that they may continue at the helm for many fruitful years to come.

I Remember the FIRST NUMBER

By J. P. BUCKLEY, D. D. S.

CAN it be possible that ORAL HYGIENE has been serving the dental profession and interesting the public in dentistry for twenty years!

I remember the first number of the journal. It was edited by my Hoosier friend, Dr. George Edwin Hunt, of Indianapolis, who at the time was recognized as one of the leaders in the movement which had begun to sweep the country in the interest of sound teeth and clean mouths. Dr. Hunt was then the Dean of the Indiana Dental College, and following in the footsteps of his distinguished father, was also considered the Dean of Dentistry of the State of Indiana.

When W. Linford Smith, who himself was greatly in-

terested in the oral hygiene movement, decided to start a magazine which was to be mailed free to every dentist monthly, what was more natural than to name the magazine ORAL HYGIENE and to induce his lifelong friend, George Edwin Hunt, to become the editor?

For some years previous, Dr. Hunt had edited the *Indiana Dental Journal* and at the time was editor of *Desmos*, the official publication of the Delta Sigma Delta Fraternity.

How well this task was performed by this student of the subject, this characteristic writer, is now a pleasant memory to those of us who received the journal at that time and who were privileged to know the editor so intimately and well. Every issue contained

ORAL HYGIENE A JOURNAL FOR DENTISTS

VOLUME I NUMBER I
JANUARY, 1911

WHAT IS THE BEST WAY?

GEO. EDWIN HUNT, M. D., D. D. S.

Yesterday practitioners of the healing art said, Let us pray; today they are saying, Let us cure; tomorrow they will be saying, Let us prevent.

When the world was young, chemotherapy and superstition ruled in the realm of so-called medicine. Lightning candles and offerings up persons to the deity, sacrificing sheep, goats, oxen and men to the gods, supplications to Mahomet, incantations to Confucius, prayers to Buddha, were the accepted means of averting physical disaster. It was the age of prayer in medicine and the failure of such methods was fully exemplified. Plagues stalked unchecked, thousands ran rampant, millions died in ignorance and in pain.

With the dawn of a broader civilization came some enlightenment on medical topics. Fire's ink and better transportation facilities favored an interchange of knowledge and experience. Healers gave drugs because in cases with similar symptoms those drugs had produced favorable results. This was empiricism in the concrete and the practice of medicine as well largely based upon it. But the point I wish to make is that this is the day of dosage, the day of the remedial agent, the day of disease and their cure.

That the time will ever come when disease shall be no more is but an undoubted dream, but that the time will come when much of the preventable disease of to-day will be as rare as is now Asiatic cholera, yellow fever and the ty-

phoid plague, is a foregone conclusion. The dawn of that tomorrow dawns today. The time is near at hand when the physician (1) will learn being called a medical practitioner; his motto will no longer be, "I cure," but, "I prevent."

In all branches of the healing art men are alive to the possibilities of the prevention of disease. The average longevity of mankind is yearly advancing. Application of our knowledge of sanitation, hygiene, prophylaxis, and correct habits of life, has done more to promote this universally desirable end than the practice of medicine. And the work has but begun. A more universal application of our known laws and of laws yet to be discovered, will have to be increased effect on longevity, without doubt.

In this, as in all great undertakings for the amelioration of mankind, the greatest inertia is found in the masses of the people, naturally, for the greater the mass the greater the inertia. In all human affairs it requires either the patient plodding of the wise, the energetic and resolute of facts, the careless diving of neglected faults into unbroken ice, or else a catalysis magnificent in its destruction, to move the masses and change their thoughts, habits and modes of life.

The thought that diseased bodies are a sociological evil has become fairly firmly fixed in the minds of the general public.

food for thought and throughout the editorials would sparkle with Dr. Hunt's native Hoosier wit.

The last time I saw my friend was in the hotel elevator at Rochester, N. Y., when the meeting of the old National Dental Association was held in that city in 1914. It was in the early afternoon on a Wednesday and Dr. Hunt had read a splendid paper on oral hygiene at the morning session.

He had his grip in the elevator with him and I asked, "Where are you going, Ed?" His reply was, "I'm going home, John. I'm tired," and tired he appeared. We had scarcely returned to our homes from this meeting when the news was flashed over the wires that Dr. Hunt was dead—having passed quietly in bed while asleep.

ORAL HYGIENE had lost its first editor, the dental profession had lost one of its most distinguished members and many of us had lost a dear friend—loyal and true.

For some years there was a discussion as to what city in the world was entitled to the credit of starting the first dental clinic to care for the mouths and teeth of school children whose parents could not afford the expense of such service. Rochester, N. Y., and Strassburg, Germany, were the two pioneer cities in this movement, and I think today it is quite generally conceded that Dr. Jessen, of Strassburg, was

the first dentist to interest others in such a clinic.

But surely Rochester, N. Y., was the first city in the United States to start a public dental clinic for school children. This was years before the founding of the now world-famous Rochester Dental Infirmary for Children by George Eastman.

ORAL HYGIENE was in need of an editor and quite naturally again Mr. Smith, the publisher, looked to Rochester, and especially so since Dr. William W. Belcher was then recognized as one of the most prolific writers on the subject. Dr. Belcher was approached and accepted the editorship and for four years thereafter the journal met its every expectation. The last time the writer saw Dr. Belcher was in 1919 again at the meeting of the National Dental Association at New Orleans. At the time he was looking very badly and passed away at his home in Rochester shortly after this meeting.

Again the publishers were on the lookout for a man with the necessary qualifications to keep the magazine up to the high standard and fortunately Dr. Rea Proctor McGee was selected as editor, and for eleven years now the course of the journal has been steered successfully under his direction.

The profession has been trained to look for editorials from the pen of Dr. McGee that are timely and fearless.

He has never failed to keep the magazine up-to-the-minute

or to champion any cause which he believes is right; and it must be admitted by those who desire to be fair that his judgment is generally good and his arguments sound.

Today one can scarcely pick up a newspaper or popular magazine, attend a theatre or turn on the radio without seeing or hearing some favorable reference to dentists or dentistry.

The public has been and is being educated and I give credit to the late Mr. W. Linford Smith and his publication, *ORAL HYGIENE*, for much of the information that has thus been broadcast.

Through the years *ORAL HYGIENE* has taken advantage of its every opportunity. I wish the magazine and its editor continued success.

An Appreciation *of* ORAL HYGIENE

By FREDERIC R. HENSHAW, D. D. S.,

DEAN, INDIANA UNIVERSITY SCHOOL
OF DENTISTRY

HAVING been present at the birth of *ORAL HYGIENE*, through my close friendship with the first editor, George Edwin Hunt and the founder, Linford Smith, I am deeply gratified to find, after twenty years, that the aims of these two distinguished gentlemen have not been lost sight of by their successors and that the little journal still goes forward with its monthly message of good (mouth) health.

While it may, occasionally, seem to stray from the intended path, by and large, it has clung to its primary function and who is there who could measure its benefit to the profession and the world at large?

The Birth of a NOTION

By

JOHN BELL WILLIAMS, Ph. G., D.D.S., F.A.C.D.

THERE was amongst the great thinkers of ancient times a man who taught the youth that man's first impulse was self-preservation, which even in his remote time meant finding an honest way of securing a living.

To this he added the advanced thought that man should seek to earn his livelihood in such a way that his labors would be a benefaction to mankind, and in no sense should he offend the ethics of his own soul by preying upon the weaknesses of his neighbors for his own gain.

In our modern hard-boiled business world today this seems a vague Utopian ideal, too altruistic for every day affairs, but a pretty thought for our own minds to dally with on Sundays; and yet twenty years ago this month at least one such altruistic enterprise was born.

ORAL HYGIENE, a "trade journal," was delivered.

This journal is unashamed of its commercial parentage, for like the beast of the beautiful fairy story, it is really a prince in disguise. In its twenty years

of earning its own livelihood, it, like its brothers, *Cosmos*, *Items of Interest* and *Digest*, has been a distinct benefaction to the dental profession.

The owners of ORAL HYGIENE are able to send it *free* to thousands of our profession through the fact that subscriptions are paid by a group of dental supply houses and the income it receives from its numerous advertisers. Now many of these same advertisers spend millions of dollars annually in keeping dentistry constantly before the public through newspapers, magazines, street-car posters, drugstore windows and radio comics.

So it can truthfully be said that the dental profession receives more free advertising (and less results) than any other class of Americans, except possibly the owners of professional baseball clubs. Besides being one of the bridges which have carried dentistry across many troubled waters, ORAL HYGIENE and its supporters continue to hold out hands to feed the profession.

Being a magazine that is sup-

ported by its advertisements, the editorial policy of ORAL HYGIENE can afford to be a broad one

Any enthusiastic young dentist who has something to say can always find a soap-box to say it on in the columns of this journal.

Nor does he have to choke down the fire of his utterances for fear that a hide-bound gray bearded editorial staff will return his manuscript with the politely printed slip advising him that his opinions are at variance "with the policy of our journal."

The sparkling audacity of youth has been an outstanding characteristic of ORAL HYGIENE. It has invented, started and executed many things which older journals would have considered too risky to adventure or too tedious to undertake.

Its editorial pages show a

boldness of spirit and a smartness of style seldom seen in professional papers. From the beginning it has stood for the principle that dentists should not fight dentists, but that together all members of the profession should make war on all obstacles that obstruct the educational and intellectual ambitions of a young profession.

In carrying out this principle, we find in this journal scientific papers written by the best dentists the world has ever known, and too we find papers by young men whom the world shall know. The little mouse is permitted to do his bit toward assisting the big lion.

So ORAL HYGIENE must rather enjoy its position. It knows that it earns an honest living, and in doing so it fulfills the higher ideal of also achieving a benefit to mankind.

ORAL HYGIENE	
A JOURNAL FOR DENTISTS	
EDITED BY GEORGE EDWIN HUNT M.D., D.D.S.	
TABLE OF CONTENTS	
JANUARY, 1911	
What Is the Best Way?	7
GEO. EDWIN HUNT, M.D., D.D.S.	
Oral Hygiene Instruction in the Dental College Curriculum	10
J. P. CORLEY	
Oral Prophylaxis	12
MORICE MASTERS HOWES, D.D.S.	
Dental Inspection in the Public Schools of Princeton, Ind.	15
J. W. ROGER, PH.D., D.D.S.	
Bad Teeth vs. Good Health	16
J. J. McCARTHY, M.D.	
A Period of Stress in Childhood	19
V. A. LATHAM, M.D., D.D.S., F.R.M.S.	
Why 250,000 Children Quit School	20
LUTHER H. COLLIER, M.D.	
Modern Dentistry as Preventive Medicine	23
MORACE FLETCHER	
Editorial	26
PUBLISHED MONTHLY	

The first contents page

As Though It Were Yesterday

By

THADDEUS P. HYATT, D. D. S., F. A. C. D.,

DIRECTOR DENTAL DIVISION, METROPOLITAN LIFE
INSURANCE COMPANY

IT hardly seems possible that twenty years have passed since the starting of your magazine.

I recall as though it were yesterday that Mr. W. Linford Smith invited me to lunch with him, for the purpose of talking over the desirability of publishing a journal devoted exclusively to oral hygiene.

At that time oral hygiene was just commencing to attract the attention of our profession, and it was quite a question as to whether such a magazine would be popular.

It was fortunate, indeed, that Mr. Smith had such a far-seeing vision and was willing to undertake the starting and publishing of such a journal.

Without doubt it has great influence in molding the opinions and thoughts of the members of our profession, in the rendering of dental health service.

My congratulations are extended to you, Mr. Editor, and your predecessors for the success that has been obtained and the good that your journal has accomplished.

May I hope that its future will be many times the length of the past and the message it conveys will bear fruit a hundred fold.

May You Long Continue!

By THOMAS J. BARRETT, D. D. S.,
PRESIDENT, THE DENTAL EDUCATIONAL COUNCIL
OF AMERICA

IT is a pleasure to extend on this eventful occasion my congratulations to ORAL HYGIENE and its editorial and publication personnel.

To have and to hold the good will and the cordial endorsement of your readers over a period of twenty years is evidence of your need, in the dental profession, your worth to it and your fairness, in all news matters concerning its varied activities.

I believe that you have done much to stimulate a wide and deep interest in oral health and that a share of the progress in research and methods of procedure in this work has been stimulated by your publication.

The wide circulation of ORAL HYGIENE, carrying, as it always has, splendid articles by eminent men in the profession to such a large number of readers, in relation to oral health, on the benefits that would follow from effort in this direction, has been of great value to the public and the profession.

May you long continue. I wish you many happy returns of this Anniversary Day.

Please extend also my cordial good wishes to your associates who have so ably aided you and reserve for yourself a goodly share.



U. & U.

A glimpse of the world ORAL HYGIENE entered twenty years ago

An ACHIEVEMENT

By CHARLES SHEPARD TULLER, D.D.S.

TWENTY years of service and constant right thinking, along one line, is an achievement that challenges any thinking person's attention. That is your record and well may you be proud of it.

I had been practicing ten years when ORAL HYGIENE started and I am sure that very few men of that day foresaw the tremendous growth of this journal both in circulation and influence. Just think of reaching every dentist—and the Spanish-speaking dentists also.

Then along with this phenomenal physical growth has gone an equal growth in influence. This latter also challenges comparison because it is human nature to consider lightly something which has been handed to you gratis, constantly.

It speaks volumes for the personality of the editor and for the consistent editorial policy to have become one of the leading influences in the

dental thought of the world.

And the one thing which I wish to give emphasis to is the clean mouth idea which has been so tenaciously adhered to through all these years and especially at present when we hear so much about the influence of diet and so much discredit for the being-clean idea.

What dentist could get a kick out of practicing for people who did not use the toothbrush? If I had to operate for people who did not use the toothbrush I would rather quit and dig ditches. So much for the niceties of practice. Again our entire practice along many lines is based upon the bacterial acid theory of decay and until den-

tists are willing to stop practicing on that basis and depend wholly on diet as a means of control, it will not be safe to discourage the methods of mouth hygiene now in vogue.

Nor must we confuse the health and school forces of the country,

"I had been practicing ten years when ORAL HYGIENE started and I am sure that very few men of that day foresaw the tremendous growth of this journal both in circulation and influence."

who now so ably support oral hygiene education, by any dogmatic claims that dental conditions can be controlled through diet alone. Too much research work remains to be done along the lines of calcium-phosphorus nutrition to regard it as anything more than *one* factor in the case.

Indeed there are *many* factors that control dental diseases and it is a great mistake to accept any one or two factors as the whole story. It cannot be possible that all the thinking dentists in the world were or are completely and wholly wrong. Mouth hygiene must be

partly right and every one of us knows that it does help some. Let us not abandon, therefore, this "Samson-post" of our past, but continue to use it along with diet and all other means at our command until we conquer the great foe, dental caries.

And so ORAL HYGIENE, stick to the same policy for another twenty years and by that time I feel that your policy will be completely vindicated and the dental profession, still holding together as an independent profession, will rise to its feet, take off its hat and bow to you in humble thanks for sticking to a great and helpful ideal.

Keep It Up!

By JAMES L. HOWARD, D.D.S.

IT is always a pleasure to receive each monthly issue of ORAL HYGIENE because of its short, concise, yet complete way of imparting to its readers a world of information on so many interesting dental subjects.

The work being done along the line of oral hygiene is particularly commendable, and the editorial department as handled by Dr. Rea Proctor McGee fairly effervesces with conclusions based on sound reasoning expressed in a way that is most convincing and entertaining.

ORAL HYGIENE is doing a good work. Keep it up!

Twenty Years After

BY THE EDITOR

THE first copy of ORAL HYGIENE that I ever saw was number one of volume one. In those days all dental magazines were big man-size books that you could stack on your desk and leave there. Here was a little pocket-size book that was full of information written with a punch. I read it through and through.

Dr. George Edwin Hunt, the first editor, had that Indiana literary belt style of writing that made you read him whether you liked his ideas or not. As a matter of fact I was charmed with his presentation of the, at that time, new idea of oral hygiene for school children.

I knew Mr. W. Linford Smith only by reputation as the most energetic of all dental supply men. When I read that first copy and discovered the best dental writer in the country hooked up with the most energetic dental business man in the country, it occurred to me that here was a combination that I really ought to notify that I was alive.

They didn't seem interested.

Everybody agreed with them that the new departure was at least very entertaining; whether or not oral hygiene would ever be generally accepted by the layman was not even a question.

W. Linford Smith seemed to be the only man outside the dental profession who had absolute faith in the ultimate acceptance throughout the intelligent population of America of the fact that *a clean mouth promotes health, a foul mouth insures sickness.*

Dr. Hunt's editorials were so good that it seemed



W. Linford Smith

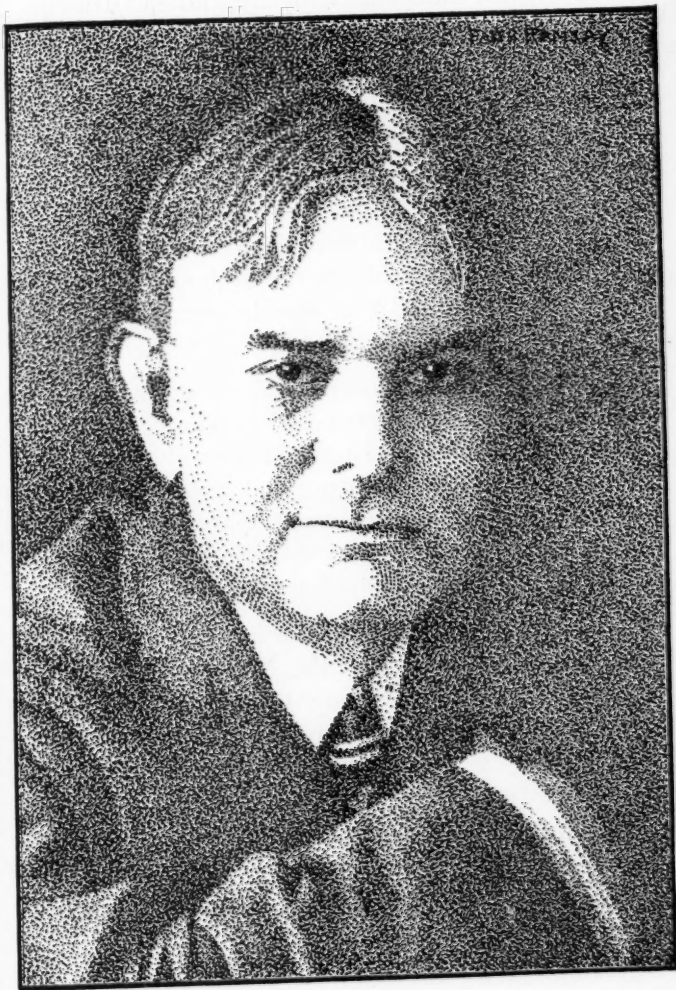
to me I might be able to start an argument. Having been in my early days a newspaper writer it didn't make any difference to me which side of the argument I took, so I laid out ORAL HYGIENE in my very best manner in an article which I contributed to *The Dental Digest*.

In later years Linford told me of the consternation that story caused in the ORAL HYGIENE camp.

Hurried conferences and meetings were held and definite policies adopted. Of course George Edwin burned me up and of course he was mostly right and I was mostly wrong. One day Linford asked, "Why in Hell did you write that roast on ORAL HYGIENE?" My answer was: "Just to get acquainted with you and your magazine."

Dr. Hunt was a delightful writer, to him an argument was a real pleasure. So long as he lived each editorial was better than the last. He had one great object in life and toward that objective he moulded ORAL HYGIENE while it was yet in a plastic state; that great aim of his was to bring to dentistry the realization that dentistry had unlimited power for the good of the world, that the health and cleanliness of the mouth would lessen disease, lengthen life and make this world a happier place in which to live.

My old friend, Mr. William O. Mussey, president of the Dental Specialty Company, was the distributor of ORAL HYGIENE for the Rocky Mountain region. He appointed me local editor and allowed me to publish anything I thought would get by in the section allotted to him, which was the first four pages. We printed whatever we thought would be of interest to the dentists of the "Roof of the World"



Dr. George Edwin Hunt

and illustrated the stories with cartoons and drawings that were occasionally pretty good.

After the sudden and unfortunate death of the brilliant Dr. Hunt, the editorship was taken over by Dr. William W. Belcher of Rochester, New York. Dr. Belcher was so interested in mouth hygiene that he absolutely lived in an aura of clinics, meetings, speeches and literature devoted to the subject. Dr. Belcher so exhausted his energy in the many endeavors that he sponsored that shortly after the War he also died suddenly.

Mr. W. Linford Smith needed an editor and so he came to Jefferson Barracks, Mo., where I was stationed at the Western Face and Jaw Hospital after my return from the exciting and exacting times in France. It did not take a great deal of argument on his part to get me to assume the editorship and locate in Pittsburgh after my discharge from the Army.

Before taking up the work as editor I went to Atlantic City to a meeting of the A.M.A. There I met one Merwin B. Massol, now the publisher of O.H. Then I think he was merely the business manager. Anyway he was just married and, like many grooms, he had taken his wife with him when he went on a wedding trip.

The years in Pittsburgh were happy and profitable. The magazine was an ever-increasing source of interest, my practice was most satisfactory to me and in that great industrial center I had ample opportunity to work out many of the details of facial surgery that had only suggested themselves to me during the rush and excitement of the War; but more than



Dr. William W. Belcher

all of that were the happy years of close association with Linford Smith and Merwin Massol, who is properly known as "Mass." Those two would stimulate anyone's brain.

Many times I have wished that I might get to the dentists a realization of the deep love that Linford Smith had in the depths of his heart for the dental profession. The day he died we were planning a trip to visit our dental friends in Europe.

The Dental Welfare Foundation was a great idea; Linford actually broke down his health working for it; some day that very plan will go over.

Since Linford's death we have tried to carry on the splendid thought of the founder of the magazine. Mr. Massol has carried the hardest part of the work, for many years alone but now assisted by Dr. Ted Christian.

There has never been any change in the policy of the magazine; naturally there have been changes in the methods of pursuing the policy due to the necessary changes in editors. For the first five years Dr. Hunt steered the craft, then for four years Dr. Belcher and for the past eleven years the present editor has been responsible.

In these two decades ORAL HYGIENE has endeavored to be the true and unbiased friend of the dentist first and of the dentist's patient second.

Our viewpoint has been that of the man in the ranks. When we have differed with the leaders of the organizations we have differed honestly, in fact in looking over committee appointments at times I have appreciated the anxiety of the Duke of Wel-

lington before the Battle of Waterloo when he said, "I do not know whether or not my generals scare the enemy, but they surely have me scared." The result of the Battle of Waterloo proved the generals were all right and looking forward in the light of the past I think that the leaders of the dental profession will make the grade, particularly if they have a little honest criticism now and then.

Let us hope that at the end of the next twenty years when our successors have become veterans, the outlook will be just as bright, the accomplishments just as great, the dentists just as efficient, just as progressive and just as enthusiastic as they are today.

A Distinct Place

By RALPH R. BYRNES, D.D.S.

EXECUTIVE DEAN,
ATLANTA SOUTHERN DENTAL COLLEGE

CERTAINLY I feel that ORAL HYGIENE has a distinct place in current dental literature.

The fearlessness pervading its editorials is refreshing and their discontinuance would be a distinct loss to progressive dental thought.

The publication and all those connected with it certainly have my very best wishes.



Linford Smith (left) and Ed Hunt discuss an early issue

A 4-Page History of ORAL HYGIENE

On anniversaries, editors and publishers are tempted to devote many pages to histories of their papers. ORAL HYGIENE was tempted, too—but remembered, just in time, its policy of brevity.

So here's the story in four pages—year by year. After all, the people most interested in a magazine's history are the makers of the magazine, so you can skip this if you like.

1910 —Enroute to a dental trade meeting in Baltimore, W. Linford Smith met Dr. William G. Ebersole on the train. Dr. Ebersole sought financial aid from dental manufacturers in carrying out his oral hygiene pioneering in Cleveland schools and had been invited to address the meeting.

That night Mr. Smith did not sleep. His mind seethed with the oral hygiene idea to which Dr. Ebersole had converted him. Along about daybreak his thoughts crystalized—a mouth-piece for the movement, the magazine ORAL HYGIENE, took form in his mind. Next morning Dr. Ebersole approved the idea.

In Baltimore Mr. Smith met Mr. E. G. Shafer, head of the Shafer-Pierce Company, who owned dental depots throughout the Northwest, and, in a 30-minute talk, the syndicate plan of publication was decided upon and Mr. Shafer agreed to pay the subscriptions for each dentist in his territory.

The magazine's format was

decided upon the same day. "I had long been a reader of *Printers' Ink*," said Mr. Smith. "One of the features of that paper that appealed to me more strongly than any other was its convenient size. It could be carried in the pocket."

Mr. Smith returned to Pittsburgh, provided himself with a dummy of the magazine and made a hurry-up tour of the country, in which he succeeded in convincing numerous dental dealers, as he had convinced Mr. Shafer.

Next it was necessary to select an editor. Dr. Ebersole was obliged to decline because of ill health and Dr. George Edwin Hunt was chosen.

ORAL HYGIENE approached reality and Mr. Smith once more started out with his dummy, calling upon manufacturers this time. Before the end of the year sufficient advertising contracts had been secured to make possible the publication of O.H.

1911 —The first number appeared in January—an 80-page book, with a cir-

culatation of 40,000 copies. In November of that first year, at the suggestion of Miss Evaline Wright Nelson, a special lay edition was published, which reached 178,290 families.

1912—ORAL HYGIENE designed a school examination blank and an oral hygiene poster which were distributed at cost for school use. By the end of the year O.H. had grown eight pages.

1913—The magazine started work on what was perhaps the first oral hygiene film for lay education.

1914—The film, "Toothache," made its appearance and was shown under dental society auspices throughout the country. The second laity number was published in January.

Dr. Hunt died in July, 1914, and Dr. William W. Belcher became editor.

1915—The magazine started to campaign for a loving cup, to be presented to Mr. Thomas A. Forsyth, founder of the Forsyth Dental Infirmary at Boston.

O.H. announced money prizes for the best essay on how to spend a million dollars for oral hygiene.

By a coincidence, Mr. George Eastman decided that same year to spend the same amount in establishing the Rochester Dental Dispensary and the magazine carried first news of it.

1916—The Forsyth Cup Fund closed with

\$1,240.49 which had been collected by the magazine from members of the dental profession in amounts from twenty-five cents to five dollars. Eight pages of solid 6-point type were required to list the contributors.

1917—At a banquet in Boston, attended by three hundred thirty-three, the cup was presented to Mr. Forsyth. Among the speakers were the Governor of Massachusetts, the Mayor of Boston and the presidents of nearby universities.

A new paper was established in 1917—*Proofs*, a journal for the dental trade, which is still appearing.

1918—O.H. started publication of a special edition for members of the Dental Corps, succeeding pretty well in following them with the magazine from camp to camp and overseas.

1919—Dr. William W. Belcher died on December 4th and was succeeded by Dr. Rea Proctor McGee who had been appointed contributing editor during 1918.

Dr. McGee had been selected to write the "Your Teeth" series for newspaper publication and this campaign was well under way.

1920—The "Your Teeth" campaign took form and began to appear in newspapers throughout this country and Canada. More than three million circulation was secured at the outset and the series

is still being called for. No charge is made for it.

The school physiology campaign started this same year.

1921—The Tenth Anniversary Number was published in January.

The physiology campaign got under way and shortly created a furore among school book publishers, who had been printing mildewed "information" about the teeth.

W. Linford Smith started to campaign for what became the Dental Welfare Foundation, the idea of Mr. G. F. Jones, of Omaha.

1922—The Dental Welfare Foundation became a reality, with W. Linford Smith as chairman, and, because it was bigger than the magazine, was launched under the auspices of the American Dental Trade Association with the approval of the American Dental Association.

With the support of the entire dental press, it attained a circulation to more than a half-million families of a monthly message on mouth health.

1923—The magazine undertook a complete review of oral hygiene activities throughout the country and printed a series detailing the work of various states.

Six-color illustrated covers first appeared on a dental magazine with the May issue of O.H.

The "International Oral Hygiene" department was started under Charles W. Barton who reads the foreign-language den-

tal press, translating and briefing significant articles for American readers.

1924—Mr. Smith turned to radio for lay education and Dr. McGee broadcast, over station KDKA, what was perhaps one of the first dental health talks, the magazine hoping thus to stimulate this form of publicity for oral hygiene.

During the same year O.H. started a campaign against lengthening the dental course, making several enemies and meeting with quite scant success.

1925—ORAL HYGIENE'S founder, W. Linford Smith died April 26th.

For the first time a national convention was covered completely by a dental magazine, O. H. employing a newspaper reporter and a photographer at the Dallas Meeting of the A.D.A., reported in the January issue, six weeks after the convention closed.

During the same year O.H. first began to campaign for national licensing of dentists.

1926—The Fifteenth Anniversary Number was published in January.

The reciprocity campaign gained headway and aroused dentists to an extent that there was nowhere near enough room to print all the letters about it sent in for publication.

They are still coming and the campaign still continues.

That year the magazine covered the great International

Dental Congress at Philadelphia in a 25-page article carrying forty illustrations.

The ORAL HYGIENE Florida Fund was launched in co-operation with the Florida Dental Society to secure aid for dentists who were victims of the storm and a total of \$1,750 was contributed.

1927—The magazine started a survey of dental incomes, under the direction of Dr. E. L. Neff, developing interesting and helpful information.

ORAL HYGIENE's publication office at Pittsburgh was blown up in the explosion of natural gas tanks a block from the building. The magazine's new offices were wrecked as was the printers' plant downstairs but December O.H. appeared on time, carrying a long report of the Detroit meeting of the A.D.A. which had ended three days before the magazine's forms closed.

In 1927 a special edition was started for the members of the American Dental Assistants' Association, carrying their organization news, under the editorship of Mrs. Juliette A. Southard. This edition is still continued.

1928—The "Ask ORAL HYGIENE" department was established under the direction of Dr. V. C. Smedley and Dr. George R. Warner—making it possible for readers to secure aid in difficult cases. Arrangements were made to reply to each inquirer direct by letter,

cases of general interest being published.

1929—Dental convention reporting touched a new level with the publication of a 40-page illustrated story of the Washington meeting, reaching dentists throughout the country two weeks after the meeting closed.

1930—Co-operating with the St. Louis Dental Society, O.H. started to issue warnings about Panel Dentistry, the St. Louis meeting being reported word for word, a Stenotype operator having been engaged by the magazine.

In May the first number of Spanish ORAL HYGIENE was published and is now circulated to the dental profession of the twenty countries of Latin-America.

In October, O.H. first appeared in new binding.

The magazine, twenty years after the first number appeared, now averages 240 pages, three times as many as the first issue, and its circulation as this is written, November 14th, is close to 70,000 copies monthly—30,000 more than when O.H. started in January, 1911.

ORAL HYGIENE enters its voting year mindful of the fact that, after all, in a world of *Saturday Evening Posts* and *Cosmopolitans* it does not amount to much.

—Mass

Turning the X-Ray on 'em

By CLARENCE O. SIMPSON, D. D. S., M. D.

TWENTY years is relatively a long period in the history of a young profession, and ORAL HYGIENE, in serving as a medium of expression for that time, has been a vigorous influence in the evolution of dentistry.

ORAL HYGIENE started as an educational journal appropriate for the laity, but has developed such a liberal policy in its contributions that dentists do not dare to let the laity read it.* In its pages, all dental errors of commission and omission have been ruthlessly disclosed to critical readers.

This might be expected with a verbose iconoclast as editor and a wise-cracking philosopher as publisher. The editorials discuss any subject authoritatively and, with an air of finality, decide any issue beyond appeal. The mass psychology department, conducted by the publisher and dealing largely in personals, is a carbonated fount of humor which jeopardizes the dignity of the dental profession.

These two men who control the destiny of ORAL HYGIENE are twiddling away their lives in a limited sphere, for this

combination of cleverness and confidence could sway public opinion with the Hearst organization or amuse the nation with *The New Yorker*.† Maybe I am wrong, but their most jealous critics must admit that they know their stuff.

Professional men are likely to take themselves too seriously if their feelings and inconsistencies are not exposed, and there should be a wide circulation of such discussions.

In doing this, ORAL HYGIENE makes no pretense of restricting its material to scientific articles, but only requires that it be original and interesting. Merely dull repetition is too often mistaken for scientific discourse.

ORAL HYGIENE is not only issued to, but also is read by more dentists than any other publication.

This is a distinction which should not be ignored by the editor and a responsibility which should not be depreciated by contributors. There is a vast difference between public opinions privately expressed and personal views being broadcast.

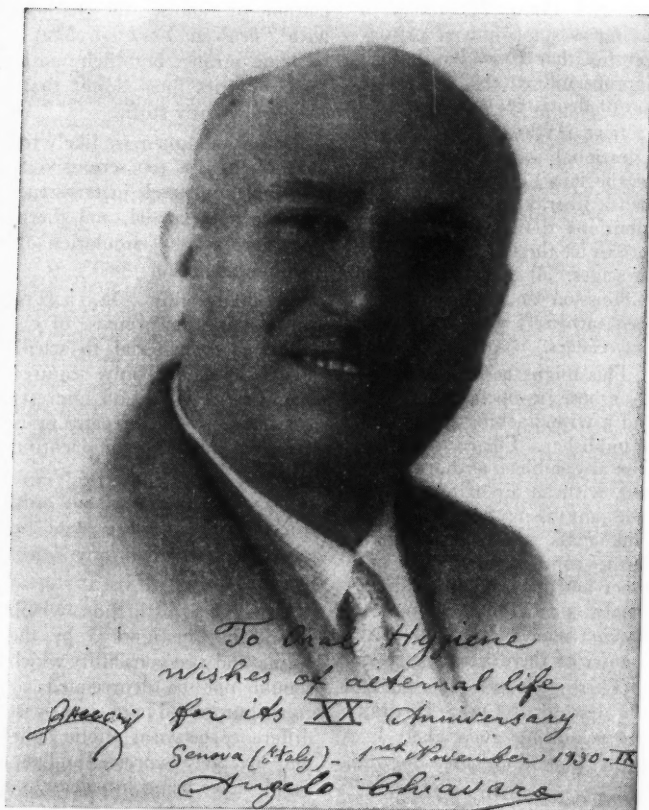
*No, Clarence—ORAL HYGIENE's special lay editions were for lay readers; the magazine itself has always been addressed to the profession.

†They haven't sent for us yet though! —R.P.M., M.B.M.

Majora in Dies Atque Meliora!

By PROF. ANGELO CHIAVARO, D. D. S., M. D.,

ROYAL UNIVERSITY OF GENOA*



FOR me, ORAL HYGIENE was born in the month of January, 1912, because in my own collection I do not have the numbers for the year 1911.

Since then I have read and kept faithfully each issue, as I always found very interesting the new number, which brought to me every month, here in Italy, (first in Rome, now in Genoa) the progress of dentistry from its very cradle.

After nineteen years of faithful friendship between ORAL HYGIENE and me, there can be no doubt that I must love it, no doubt that I must be proud of its progress in size and beauty up to the present time, under the auspices of Rea Proctor McGee and Merwin B. Massol.

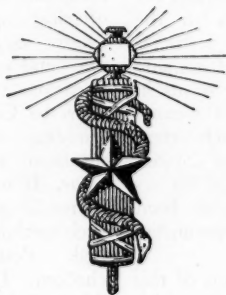
*Where Christopher Columbus was a student.

My first number, volume 2, number 1, January, 1912, is of 80 pages, while the present numbers are of 240 pages, with a circulation of nearly 70,000.

ORAL HYGIENE's program was followed faithfully for the first five years by the late George Edwin Hunt; for the next four years by the late William W. Belcher, and for the last eleven years by our dear Rea Proctor McGee, who is admired and beloved by his friends all over the world, including this new town of Italy, called *Genova* in Italian and *Genoa* in English.

And from this Genova, now known as the Mother of America, I send to ORAL HYGIENE on its 20th Anniversary, as a wish for the future, my own motto:

Majora in Dies Atque Meliora!



More day by day, and better

The lamp is science.

The star is that of Italy.

The serpent is the ignorance or the disease, killed by science.

The bundle is the union (the fascio) of the scientists.

Tempus FUGIT



From the first issue
of ORAL HYGIENE,
published 20 years
ago, in 1911.

The oral hygiene movement to which this magazine is devoted is of greater importance from a humanitarian standpoint than anything the dental profession has ever inaugurated. It is perfectly obvious that it is of greater importance to you as a dentist than to anyone else outside of those who will be benefited in a physical sense.—PUBLISHER'S ANNOUNCEMENT.

We hope to make ORAL HYGIENE a power in forwarding the work of the cause expressed by its name. The movement for better oral conditions in the United States is as yet in its infancy. England and Germany are strides in advance of us in this work. And while the cause has lately received much attention generally in the States, actual practical efforts for its advancement have so far been confined to single communities here and there.

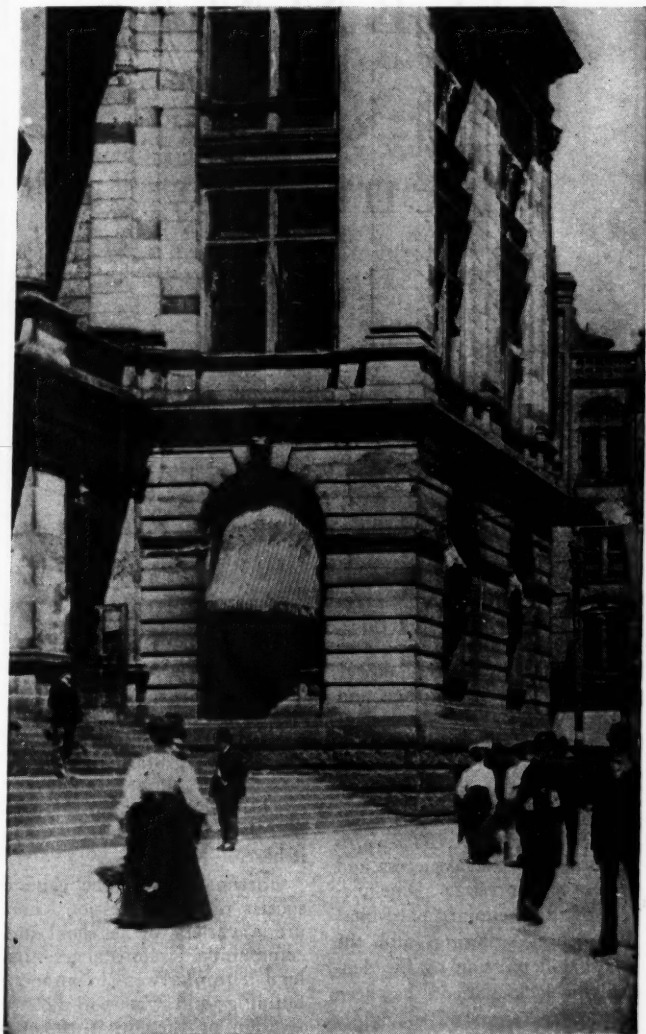
We offer the columns of this magazine as a forum in which the rights and wrongs of every phase of oral hygiene and the movement promoting its ad-

vancement, may be debated by all, to the end that intelligent, concerted action throughout the length and breadth of the land may be attained.—*Editorial.*

WHAT IS THE BEST WAY?

Yesterday practitioners of the healing art said, Let us pray; today they are saying, Let us cure; tomorrow they will be saying, Let us prevent.

When the world was young, charlatanry and superstition ruled in the realm of so-called medicine. Lighting candles and offering up petitions to the Diety; sacrificing sheep, goats, oxen and men to the gods; supplications to Mahomet; invocations to Confucius; prayers to Buddha, were the accepted means of averting physical disaster. It was the age of prayer in medicine and the futility of such methods was fully exemplified. Pestilence stalked unchecked. Disease ran rampant. Men died in ignorance and in filth.—GEORGE EDWIN HUNT, M.D., D.D.S., *first editor of ORAL HYGIENE.*



Pittsburgh Press

*The Pittsburgh Postoffice when ORAL HYGIENE first entered
the mails twenty years ago.*

DILEMMAS *of* Dentistry

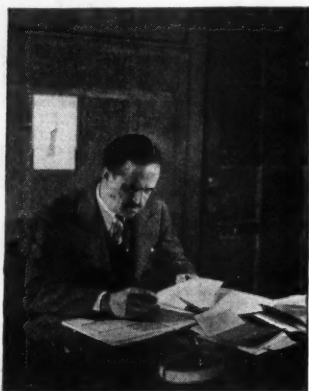
By

EX-DENTIST

THE problem of practice building has presented itself, at some time or other, to the majority of dental graduates, and has persisted partially unsolved with many of them throughout their careers.

No other phase of practice appears to be so devoid of practical and reliable guiding rules. Nor is there any other angle of practice that has the same power to undermine the courage and self-respect of the average dentist, or to inflict such acute depression.

This problem often seems to overshadow all others, as in its solution lies one of the keys to subsistence, financial success, and professional prestige. The picture of the pecuniary hardships, the mental suffering, and the spiritual depression of the dentist who lacks patients has been painted so often and so vividly by various writers and speakers, and seems to be impressed so clearly upon the profession



The spiritual depression of the dentist, who lacks patients, has been clearly impressed upon the profession.

at large, that it would serve no useful purpose to enlarge upon it here.

Fortunately, for the general success of the profession, there are a variety of personal and community circumstances that lend themselves to practice building; and it is upon the cultivation of these that the majority of the successful practices throughout the country have been built.

A New Series

This series of articles, of which this is the first, deals in a new way with administrative, ethical and financial problems of dental practice.

The editor invites comments from readers.

Following the February chapter, the series takes the form of individual personal narratives.

The author is a successful ex-dentist living in New York City.

The manuscript won an enthusiastic reception at the hands of the ORAL HYGIENE staff; the personal narratives to follow are an unique contribution to dental literature.

These special circumstances, however, do not constitute a base upon which unfailing theories of practice building can be founded. Being in many instances exceptional, they are not available to all practitioners at all times. In other instances their advantages may be temporary, or they may require rare non-professional ability and ingenuity in their development.

Nevertheless, as these special circumstances now contribute so largely to the maintenance of the profession and as they are esteemed accordingly, it may be

well to consider some of them here briefly.

OFFICE LOCATION

It is a matter of general knowledge throughout the profession that many dentists owe some part of their practice growth to the favorable locations of their respective offices. For this reason graduates without established or potential practice connections, and practicing dentists contemplating removal to a new or strange district usually consider the selection of an office location an im-

portant problem. Probably no other single factor touching practice building has received more study. Most of the larger dental supply houses maintain some special research on this subject for the benefit of their patrons.

Unfortunately, the selection of a location that may be relied upon to attract practice permanently and in satisfactory amounts still remains more or less of a gamble, except for certain limited types of office locations which, in number, are quite inadequate to the demands of the profession. The reasons for this lie in the large number of factors that may affect the productivity of any given location.

Some of these factors, such as numbers, types, characteristics, nationalities, dental habits, earnings, and assets of any population group under consideration may be estimated approximately in many cases by exhaustive preliminary investigation. A fair guess, but usually only a guess, may be made regarding the effect of existing competition. The accessibility, prominence, and character of location are matters of fact, that, however, require to be interpreted with sound judgment. The public reaction to any given location can never be determined definitely in advance, although preliminary investigation may disclose tendencies on which logical probabilities might be based.

The subsequent elements involved, namely the future earnings, growth, diminution or

change of character in the population, and the effect of future competition are all in the realm of insecure prognostication.

In addition to all of the above complicating considerations, there remains the problem of the dentist himself: his ability to harmonize professionally and personally with the particular community of his location. An office in which one dentist prospers may be useless to another.

For these reasons the dentist who proposes to rely upon the practice building power of a specific office location may find himself subject to a variety of problematic conditions, except, perhaps, in certain specially favored types of location. Even should his location prove favorable at the beginning, its value may be impaired or largely destroyed by local business or industrial depressions, by change or deterioration in the type of surrounding population, or by the advent of excessive competition.

And again, due to the gradual rise of dentistry in the professional status during the last few years, and to the growing perception of this change in status by the public, the importance of office locations, with respect to direct influence in developing or creating practice, is rapidly diminishing.

The more intelligent public, to a large extent, has passed the period in which the particular office location of any dentist decides its patronage. Nowadays, such patients in changing or se-

lecting dentists, usually make preliminary outside inquiries with respect to reputation, special ability, fees, and other particulars. The normal growth of the majority of dental practices at this time is through recommendation of satisfied patients, and through personal connections.

This tendency is evidenced by the large and constantly increasing number of dentists who are establishing themselves in professional or office buildings in which they are effectively hidden from the public, and who consequently cannot and evidently do not expect any patronage except such as may arise out of the recommendation of their regular patients, or through their own personal connections. Further, in these days of easy and rapid transportation, patients do not object to traveling distances that formerly would have been considered prohibitive to visit the dentist in whom they repose confidence.

Strategic office locations as factors in practice building have been declining in value rapidly in recent years except in communities suffering from retarded dental consciousness. It is safe to predict a further substantial reduction of this value in the near future. This trend is ethical, as it is no professional tribute to a dentist to obtain patronage exclusively by virtue of special location. Taking all these matters into consideration, it seems obvious that specific location cannot be made

a basis of any universal theory of practice building.

COMMUNITY SELECTION

The selection of the community in which to practice is important and often contributes to financial success, but it will not in itself solve the practice building problems of the profession as a whole. Most communities are subject to depressions or to changes in character and volume of population. None of them can be considered exempt from constantly increasing competition. And most patent of all is the fact that all centers of population must have dentists. It would be an indefensible professional policy for dentists to settle only in specially favored locations, and to leave other areas devoid of service. Such a policy would ultimately defeat itself by the competitive over-crowding in such favored communities.

SOCIAL CONTACT

Dentists are commonly advised to join local clubs, participate actively in church or civic affairs, and cultivate social connections for the purpose of developing practice. If the dentist who takes this advice possesses self-confidence, vigorous personality, natural sociability, and determination, 'may, under favorable circumstances, attain rapid and gratifying success.

But, unfortunately, a large percentage of dentists are quiet, unobtrusive, socially sensitive



Dentists are commonly advised to cultivate social connections for the purpose of developing practice.

gentlemen to whom the prospect of such a campaign for attracting patients is rather intimidating. The dentist who takes his profession most seriously is usually least able to play such a part successfully. Profound professional immersion and a free play of the social graces are seldom found in the same man. Dentists, who normally mingle freely among intimate friends and who feel no personal timidity in practice, often find themselves lost in a social effort of this kind. The consciousness that they are angling for patients adds to their discomfiture and frequently develops uncomfortable inferiorities.

Some feel that such social exploitation carries an unethical taint, that the accretion of patients by this means has no relation to individual merit in practice, that proficiency at golf or bridge is no indication of professional ability, and that it is presumptuous and unfair to use hospitality and friendliness as a lever for patronage. For these and other inhibitory reactions many dentists refrain from attempting development of practice on social lines.

Those who do not make the effort meet with varying degrees of success and failure. One may be taken up enthusiastically in his professional capacity by his new friends, and

wafted to success with little effort on his part. Another, on the other hand, may meet with all sorts of disappointments. His new circle of friends already may be committed to other dentists. He may join a club, a church, or a civic movement, and find an established group of dentists there, jealous of any new intrusion. His social contacts may remain persistently oblivious of his wish or need for patronage, and withhold it more through thoughtlessness than design.

In addition to these factors, the elements of personality, temperament, appearance, nationality, religion, and all other personal attributes capable of attracting or repelling play their respective parts towards success or failure.

However, if a dentist is socially adaptable, possesses the courage to meet repeated obstacles and disappointments, and has the finances to carry him, he, in most instances, may through patience and perseverance, gradually build a social background for himself that will develop eventually into an enjoyable and lucrative practice. A great many of the de-

sirable practices of today were constructed in this arduous way; the first year or two spent principally in waiting with the arrival of a patient now and then and each of the years following showing some increase until the practice finally attained full maturity and strength. The dentist who builds in this way usually develops a practice possessing a strong and durable foundation.

There are, of course, many dentists who through lack of finances are unable to adopt such a gradual program—some who feel that the years spent in such waiting should be used in developing proficiency in execution which only abundant and varied practice can give, and others who are temperamentally unfitted to undergo the strain of the initial period of anxiety and constant anticipation.

The problem of practice building through social effort presents such an infinite variety of favorable and adverse combinations that it is impossible to predict either success or failure in individual cases with any degree of assurance.

(Continued in February issue)

Panel Dentistry

The Panel Dentistry program in March was both timely and unusual. Since this subject has been brought before the dental profession through the columns of ORAL HYGIENE, nearly all the leading dental periodicals have taken up the issue, and each month we find more and more articles appearing about it.

—*St. Louis Dental Society Bulletin.*

DOC SALE'S BOY WRITES ANOTHER BOOK

HE isn't a dentist but he is m-i-g-h-t-y proud to be known as "Doc Sale's Boy, Chic." It wouldn't, however, be exactly fact to say that he hasn't studied dentistry, because down in Sangamon County, Illinois—the place that rode to fame with Lem Putt—young Charlie Sale got what might be called "a stage-door dental education."

His early dental activities consisted of appropriating from his father's laboratory the largest and most irrelevant porcelain teeth, with which he made stage plates for his funny faces. He also used his father's dental office as a human clinical laboratory for the study of such whimsical and interesting characters as were then common in that part of the country, and which today form the basis of his priceless characterizations.

Charles (Chic) Sale has, in addition to his early dental atmosphere, another virile interest in the dental profession—his many friendships with dentists everywhere. He is also greatly in demand as an entertainer at dental conventions.

The fact that Chic was already dental-minded paved the way for the ORAL HYGIENE

family to meet and talk with him when he visited Pittsburgh recently. Charlie Sale isn't hard to talk to, not a bit of it, but somehow when we learned that he had once switched his father's impression plaster and prepared chalk, it made us feel that when we referred to malposed mandibular third molars and he said, "Uh-huh," he was not too far behind us.

He told us some interesting things about books and people: "You can pretty well judge a man by the books he enjoys—not reads. The better educated and more refined a man is, the more he cares for the homely and unaffected things of life. Little minds need visions of grandeur to delight them while more ample minds appreciate the little touches of quiet elegance that surround a babbling brook or earthen urn."

"What about 'The Specialist,' " we asked, "to what kind of people did it appeal?"

There is something akin to bashfulness in the manner of this modest, unassuming young man who has listened, unaffected, to the plaudits of the crowd and who would be the last to mention his own success.

" 'The Specialist'—say, the



sale of that book is in itself a study in psychology. No one was more astonished than I at its success. But who do you think bought it—the farmer, the carpenter? No. It was the minister, the lawyer, the dentist, the physician—the educated man. The carpenter says, 'Sure you make 'em crescent-shaped, what of it?' But the educated man sees the quaint, subtle, homespun humor behind it all."

But what we started out to report was that Doc Sale's Boy has another book that he calls "I'll Tell You Why."* It's a finer, funnier, more philosophical book than his first one, and it contains a lot of fundamental

ideas of success that apply to every walk of life. Here's a peek into this miniature masterpiece — "Whatever profession you're in, gentlemen, if you are honest, sincere, trustworthy, and give service, success will generally take care of itself; but there are other things very important, too. For one, you've got to study your customer and act accordin'."

"The best dentist that ever lived," according to Chic and he knows him intimately, "is my old Dad down in Urbana, and I only hope that this last book of mine will please dentists everywhere as it did him."

Doc Sale's Boy, Chic, is a son of whom any dentist might well be proud.

*Specialist Publishing Company, Wainwright Bldg., St. Louis, Mo. Price \$1.00.

Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.

1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Use of Ethyl Chloride

Q.—I would like you to inform me as to the advisability of using ethyl chloride as a general anesthetic for the purpose of extracting deciduous teeth, or permanent teeth. I would like especially to be advised as to the precautions to be observed, while using the ethyl chloride and agents to be used, if any, while the patient comes to.—
E.W.D.

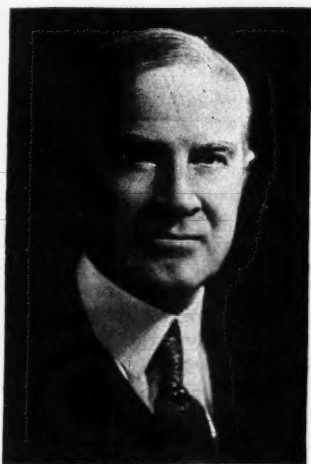
A.—Ethyl chloride is used for anesthetics of short duration and would therefore, be all right for the extraction of deciduous teeth. As it isn't indicated for anesthetics of long duration it probably would not be the anesthetic of choice in the extraction of permanent teeth. It is used for the induction for ether sequence and its action is the fastest of any known general anesthetic. The symptoms of anesthesia come on

so rapidly that they sometimes overlap.

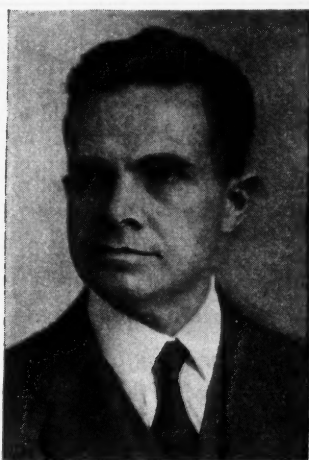
The precautions to be observed would be thorough familiarity with the signs and symptoms of anesthesia, and the usual precautions of having the patient in condition to take a general anesthetic. In a normal case, recovery is uneventful and will not require the use of any agents. If the patient doesn't behave well, of course artificial respiration will have to be resorted to and oxygen could be used under pressure intermittently, and as a final method of restoration rectal dilation by finger should be resorted to.—
G. R. WARNER.

Danger From Mixing Amalgam in Hand

Q.—For a number of years, I have prepared amalgam in the manner taught at college, viz:



Dr. George R. Warner



Dr. V. Clyde Smedley

Editors of the "ASK ORAL HYGIENE" Department

tritulating in mortar, and finally rolling into pellets in palm of the hand. Has it been definitely established that globules of mercury are forced through the skin? If so, what is the harm, and what systemic symptoms might one expect? Just what happens to the mercury after passing through the skin? How may one expel it from the body? What test would prove presence of mercury in the body?—W.T.K.

A.—There seems to be very little in the literature in regard to the possibility of poisoning from mercury in dental amalgam. There is an article on page 1122 in the 1926 *Cosmos* by F. Flury on this subject. You might get some help from this article.

In poisoning from mercury the systemic symptoms to be expected are headache, intestinal tract disturbances and even loss of memory. These symptoms can come from a very small amount of mercury. However, there are very few cases reported according to what I can find in the literature. The possibility of absorbing mercury from mixing amalgam in the palm of the hand seems to me to be quite remote. However, in case you think there is any danger I would suggest that mixing it in a piece of rubber dam held in the palm of the hand is a cleaner and better method in any event. When amalgam is mixed in the palm of the hand it picks up more or less of the oil of the skin and of the horny

layers of the skin itself, and therefore is contaminated to a slight degree. Whereas if it is mixed in a rubber dam held in the palm of the hand it has no contamination unless the finger of the opposite hand is used to roll it, which is not necessary, the final process of mixing can be carried out by rolling the amalgam within the rubber dam.—G. R. WARNER.

Gold Foils for Children

Q.—What is the usual age limit in the practice of exclusive children's dentistry?

Do you consider it safe to place gold foil in six year molars by hand pressure shortly after eruption? At what earliest age can a mallet be used in same work?—J.C.A.

A.—The age usually considered proper for exclusive children's dentistry is from babyhood until the permanent twelve-year molars are all fully erupted.

It is all right, I believe, to place gold foil in occlusal fissure cavities by either hand or mallet pressure at any age that it is not too hard on the child to sit still and put up with the rubber dam long enough to receive a well condensed filling.—V. C. SMEDLEY.

Hypersensitiveness

Q.—I have a patient who has a very marked hypersensitiveness about the necks of the lower anterior teeth.

This condition has existed for

the past five years since she has been in this country.

The diet is the same as before coming here; mainly vegetables, greens, milk, little if any sugars or sweets; little meats and dark bread. Can you suggest a conservative treatment?—E.L.S.

A.—Painting these surfaces with chloride of zinc or formaldehyde and ironing it in with a hot instrument will usually check such hypersensitiveness.—V. C. SMEDLEY.

Respect

Q.—I am writing to you for information which I realize will be hard for you to answer, not knowing me or the town in which I practice.

My situation is this: I have been in practice in my home town for the past five years and have grossed better than \$6,000 each year but in the last four to six weeks something has happened to my practice. I am at the present doing practically nothing. The reason is absolutely unknown to me. I have never been able to demand the respect of the people as a professional man but am only "Bill" to the greater majority. Would you think it would be advisable for me to make a move to a new location where I am not known and could demand the respect justly due me as a professional man?

This is only a small railroad town of 4,000 and at present is in bad condition on account of

the general condition of the railroads.—W.A.S.

A.—The slump in your practice is probably due to the general slowing down of business and as you suggest, no doubt, particularly so in towns of the type of your own. Such a let-up will undoubtedly be of temporary duration and it may be made to serve to your ultimate benefit by providing the time for you to check up carefully on the entire procedure of the conduct of your practice, to carry on laboratory experiments for the improvement of your technique, to perfect your book-keeping system, to institute a call or follow-up system to keep in touch with your patients and call them in for periodic inspections.

The fact that you are just "Bill" to most of your patients may be an advantage instead of a detriment. "Jimmie" Shields, one of the most successful M. D.'s I know, is generally addressed as Jimmie and rather encourages both personal friends and patients in addressing him so.

I should think it would be a very proper procedure for you to address personal letters to a selected list of your most desirable patients rather lamenting the general depression which you realize well that all are experiencing and offering under the circumstances to examine and chart the mouths of their families, making temporary fillings, necessary extractions, urgent prophylaxis and perhaps also x-rays and diagnosis either

without charge or offering to extend indefinite credit. You are offering this service and accommodation, you understand, to only a selected list of your former patients. They should appreciate your kindly interest and co-operation and your losses, if any, should be very slight, as you would be giving practically nothing but your time of which just at present you have an over-supply.

Many of these old patients and friends when thus approached may feel that they can and might as well go ahead and have all needed work done as after all this general business depression is largely a state of mind, and most people could, if they would, go on buying what they want or at least what they need.—V. C. SMEDLEY.

Stinging Sensation

Q.—I have patient, man, wearing upper rubber denture. He complains of sore stinging sensation of tip of tongue. I have changed from red to black rubber and kept plate polished and smooth but cannot keep him comfortable. Can you offer a solution?—B.F.S.

A.—Perhaps it would help if the bite were opened more or teeth set further forward to provide more room for the tongue. The irritation may be due to pipe smoking or some other cause than the dentures. Is sensation entirely absent when plates are left out?—V. C. SMEDLEY.



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,

Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

An Editorial Luncheon

(And two sketches by the editor)

CAN you imagine a more delightful pair of luncheon companions than Dr. Charles Nelson Johnson, editor of *The Journal of the American Dental Association* and Dr. Julio Endelman, editor of *The Pacific Dental Gazette*?

At the University Club in Los Angeles a short time ago Dr. Johnson and I were the guests of Dr. Endelman. There is never an idle moment when Dr. Johnson is present. I learned that long ago when I was a student at the Chicago College of Dental Surgery and Dr. Johnson was professor of Operative Dentistry.

Since that time, I have felt that I am still a student and that Dr. Johnson is always the able and sympathetic teacher. Almost the entire dental profession looks up to him as the embodiment of the best that has been developed in dentistry in this country.

As I sat with these two men, Drs. Johnson and Endelman, it seemed to me that they have many characteristics in common. Both chose the United States as their home instead of being accidentally born here, both have spent many years as teachers in dental col-

Editorial Comment

leges, both have written standard text books, both carry with them the respect and love of generations of present and former students and both have spent many years as editors, leading the way toward improvement and presenting to their readers the thought and experience of the best.



It is very pleasant to know that the Board of Trustees of the American Dental Association have taken *The Journal* entirely out of politics and have made a contract with Dr. Johnson for the next five years to continue his very satisfactory work as editor. (Dr. Johnson did not tell me this.)

Dr. Endelman and I agreed that the A.D.A. is particularly fortunate in having the services of a man whose influence, education, experience, strong individuality and literary style place him in the class of the greatest of technical editors of America, regardless of what profession they may represent.



This fact means that the position of dentistry in its relation to the other learned professions is being enhanced through the work of Dr. Johnson.

"May he live long and prosper."

INTERNATIONAL ORAL HYGIENE

Translated and Briefed by

CHARLES W. BARTON

M E X I C O

The Secretariat of Education, as a further proof of its great interest in the improvement of the health of the Mexican children in the public schools, has decreed the establishment of three new dental clinics in Mexico City. This extension of free school dental service must be laid to the credit of Dr. Victor Fernandez Manero, Director of the Department of Psycho-Pedagogy and Hygiene, of the Ministry of Education.

Boletin Odontológico Mexicano

U R U G U A Y

In a very able discussion on the treatment of children's teeth, Dr. José Sanna, Professor of Hygiene of the Faculty of Dentistry of Montevideo, insists that the temporary teeth should be treated as early as possible, but that there is no reason to abandon them later because of a possible extension of decay beyond what seems to be likely of being repaired. Extraction of temporary teeth is



Charles W. Barton
Department Editor

justified only, in the opinion of the author, if there are complications involving the periosteum, and if the second dentition approaches so closely that soon the decayed and abscessed temporary teeth will no longer be required for efficient mastication. Dr. Sanna advocates, naturally, the systematic inspection and unrelenting oral hygiene as one of the best and most hopeful means toward eventual eradication of all dental decay in groups of school children thus supervised. As a practical example of what systematic hygiene and periodical inspection can accomplish, the author recalls that in a children's asylum in the Republic

of Argentine there are 700 children who have been for some time under systematic dental supervision and who require less treatment than 20 children taken at random in free public clinics and who have not been trained in oral prophylaxis, that is to say, without the education and preventive treatment which the dentist must carry out.

Revista Dental (Montevideo)

ARGENTINE

The Dental Association of Argentine has taken an important decision during one of the recent meetings of this body, by electing a special Commission for the study of the problem of hygiene in dentistry. The Commission is composed of Doctors Luis Tettamanti, Luis Vigiare and Rodolfo J. Hopff. The program of study which has been established for this Commission comprises a definition of oral hygiene and of oral infection and its consequences. The action of various agents on the calcified tooth structures, as well as the reactions of the living cell, will be studied. There will be investigated further the penetration of infections through the mucous membrane and its relation with general pathology. A study will be made of oral hygiene in dentistry in general, as well as in its bearing on nose and throat affections.

For investigations into the role of oral hygiene in general clinical medicine, two factors will be particularly thoroughly investigated, namely: periapical

septic foci, and local reactions in general treatment. An important chapter of the Commission's work is also represented by its investigation into the role oral hygiene plays in the prophylaxis and in the complications of contagious diseases whose specific micro-organisms develop in the mouth, and the role which dentistry plays in the local treatment and in general prophylaxis. The working program of the Commission will embrace laboratory experiments and clinical examinations, as well as communications made to various Associations. The object of the Commission's work, in the last degree, is for the dental profession to present its contribution to the modern orientation of general medicine in the problem of oral hygiene.

Revista Odontológica

Buenos Aires.

In his usual brilliant style and lucid manner, Dr. David M. Cohen, in an essay on ways and means for the prophylaxis of dental decay, accentuates the primary responsibility which rests on the expectant mother. It seems evident that the bodily condition of the child is intimately determined by the parent body, quite particularly by the mode of life which the expectant mother is leading during the development of her unborn child. The author is of the opinion—and very rightly so—that it is too much to expect for the average young woman to know what she should do, and

to do it on her own initiative even if she does know.

The family physician, better than anyone else, knows the family history and is therefore in an infinitely more favorable position to give advice and supervision than anyone else. Care and circumspection must continue after the child is born; and there again, at least for the first few months of the child's life, it is incumbent upon the mother to see that her offspring receives proper nourishment. Dr. Cohen admits that the problem of dental decay, especially that of its etiology, is not the simple matter that many believe it to be. It is certainly not to be solved by slavish submission solely to one or the other theory without due consideration of a large variety of other factors not immediately connected with the main theory. The author is decidedly fair in his estimation of the almost innumerable concepts of the etiological factors leading to decay. Still, his own orientation is very definitely adjusted to the most fundamental of all beliefs, namely, that the human body is what it is being fed.

Correct nutrition plays an important part in the author's viewpoint on practically all theories that have been advanced with a view of explaining satisfactorily what exactly produces decay in the teeth. Thus, for instance, when Dr. Cohen speaks about calcium metabolism, or about acid and alkaline saliva, the leitmotif of the causal re-

lation between these systemic disturbances and the mode of alimentation recurs invariably. Even in this positive belief of his that nutrition plays a vastly important role in all processes of the human body, including dental decay, Dr. Cohen is modest enough, or rather level-headed enough, not to become frantic with enthusiasm; and he states very clearly that neither is there a cut and dried nutritional regimen which will answer all purposes, nor is correct nutrition alone the panacea. The author must be considered one of the most enlightened members of the dental profession in the subject of correct nutrition and in the proper estimation of its role in oral hygiene and prophylaxis. His exposé of this important chapter in modern dentistry is the ablest possible.

Still, there is among the author's objectives one which calls for criticism, at least on the part of the dental profession. Dr. Cohen is of the opinion that, inasmuch as nutrition is a matter of systemic intervention, it is up to the physician more than to the dentist to guide the public in the proper observance of sane notions of feeding. This, of necessity, lays the onus for oral prophylaxis on the medical profession. In the author's conception of future work in this direction, the dentist is relegated to the role of an efficient collaborator.

*Revista del Circulo
Odontológico de Rosario.*

The Reformer's Complex Comes to Dentistry

By EDWARD J. RYAN, B. S., D. D. S.

ON the heights of upper Manhattan stands a group of men, with faces turned toward the East, who would bring a renaissance to the educational methods and the practices of dentistry. To continental Europe they turn for their inspiration to change the education of dentists. Continental Europe where dentists are spawned by the process of first a complete medical education and then a specialization in dentistry, odontology, or call it what one may. And to Great Britain this group turns for the precedent of opening the field of American dentistry to poorly trained technicians who would operate on the dental tissue much as a machine tender operates upon a piece of metal or a butcher upon an animal carcass. Great Britain, the land of toothless young women and the vicious panel dentistry of all places to seek a paragon!

At hand is the Bulletin of Information of Columbia University with the report of the Dean of the School of Dental and Oral Surgery directed to the President of the University. From this document we may find the manifesto of the group that wishes to lead the Dental Reformation by—first, creating

by the process of education the super-dentist who is a graduate in medicine and a latter-day specialist in dentistry; second, by assaulting the American public with a swarm of technicians who like automatons will perform all manner and kind of dental operations under the omnipotent eye of the super-dentist. The question is: How many such technicians could the high-priest dentist supervise? The answer comes glibly enough from the published report: "Oh, twenty, with the greatest ease." And herein lies a very grave and real danger. The danger is not altogether academic and professional or confined to the cloistered college class room. Permeating throughout the land, in the literature and from the rostrum, is the propaganda of the reformers.

The purpose of this writing is to acquaint the dentists of this country with certain tendencies which if let develop will grow into an enormous Jugger-naut to crush the economic lives of American dentists, the high standards of dentistry, and the public health. The approach to these important problems will be done without personal animus, but with the candor and directness that the task requires.

Times of emergency are not occasions for soft speaking or soft stepping.

No thinking person will disagree with one of the arguments in the Columbia plan; namely, that dentists should be biologically minded and not chattel conscious. The altogether too common dental type "who, by his inability to recognize symptoms or to realize systemic consequences of the restorative work he performs or recommends, does incalculable harm to health" should be pushed out of the picture, and in time will be. Neither can a reasonable argument be advanced against the desirability of a sound, scientific, thoroughgoing training in the fundamental biological sciences for the dental student. The first two years of the professional school might well include the same training for the medical and the dental student. But to expect the dental student to carry the same program of clinical instruction as the medical student is both absurd and economically unsound. The dentist, even the super-dentist of the Columbia scheme, from the standpoint of professional need is not required to know the fine points of obstetrical technique, the diagnosis of glaucoma, or the psycho-therapeutics of suppressed desires.

It is not the purpose of this presentation to defend blindly the present dental educational methods. That there can be many improvements we have no

doubt. A large portion of dental education has been slipshod, crude, and unscientific. We do wish to raise the objection, however, that the history of medical education and practice reveals the same blundering educational methodology and pernicious practices of which dentistry has so scathingly been indicted in the Columbia report. The night schools of medicine, the "diploma mills," the cult of Abrams, the fee splitting, the private hospitals of questionable character are stigmata on the face of *Medicus*. The following excerpt from the published report directed against dentistry may be used likewise against medicine with several noun changes:

"The great need is for preventive dentistry, yet practically all schools are organized only to teach restorative procedures. Much of this teaching, even in some of the better schools, is done without the needed scientific basis. It often results in operations on the patient that do great harm. There is much false 'research' and public advocacy by 'doctors' of worthless powders, pastes, and other cosmetics. There is too little real science, and disinterested concern for the patient's health."

One must be possessed of a certain naive faith to believe that the dental millennium will come when the doors of the dental schools are barred, when rust and cobwebs grow on the dental equipment, and the prospective dentist marches on

through the whole curriculum of the medical school. A head stuffed full of the theories of amboceptors, antigens, and chromosomes does not necessarily indicate a superior type of dentist.

Much of the dentistry of Continental Europe done often by the dentist of a conventional medical training, and the dental health of European peoples, is not convincing that the "doctor-dentist" type of Europe is superior to the present dental type of the United States.

Under the harmless enough appearing sub-title in the Columbia report, "Education on Varying Levels," is contained the potential high-explosive that could easily blow the present high standard of dental science to bits. The plan, in short, is to train a group of technicians to work under the super-dentist. But let the report speak for itself:

"He [the super-dentist] could direct and keep busy at least twelve assistants of various types. These need only the minimum common school training required by law. They can be technically trained in one year or less. Because they become productive very soon after entering their respective courses, the cost of their education is light—perhaps \$1500 each, or \$18,000 for the twelve. The total cost of educating these thirteen people is then \$43,000 [Note inserted: The super-dentists cost \$25,000 per head] as against \$273,000 for thirteen

dentists." [Dentists will be interested and perhaps amused to know that the cost to society for the education of a dental student is \$3,500 per student annually, according to this report.] To proceed with the quotation: "The expense of equipping an adequate center for their [Note inserted: The super-dentist and his baker's dozen satellites] operations would vary so greatly with local conditions that I shall not attempt to give an estimate. For example, in some communities we might find co-operation with local hospitals more economical than setting up new units. Others would have different needs and possibilities. In any case, the cost would be well under \$65,000, that of setting up thirteen dental offices." (Dentists may again be refreshed and amused to know that the same generous statistician who set the price of dental education to society at \$3,500 per student annually sets the price for "adequately equipping a modern dental office at \$5,000.")

Certain compelling questions come to mind after one reads the Columbia panacea. The first is: what accredited American college or university will give sanction to the establishment of a trade school in its name? It is difficult to conceive of a university opening its doors to common school graduates; even a university of the correspondence school type. If the precedent is once established

university schools in dressmaking, hair-dressing, and automobile mechanics may naturally be expected. On the other hand, if universities agree in principle to the idea of dental trade schools, but do not wish to degrade themselves by conducting them as integral units, the danger of the proprietary or school-for-pure-profit will be with us again. For the past twenty years enlightened dental and medical educators have fought the privately owned professional schools, and with considerable success. Let us hope that they will not be resurrected in the form of the dental trade school.

Certain questions will continue to rush through the minds of the interested — answers for which we hope will be forthcoming. Are the officials of Columbia University prepared to accept grammar school graduates in any of their departments? What will the exact course of study be for these proposed dental technicians? Under what kind of legislation will they operate? Aside from any possible money saving what will the public's attitude be toward these men?

Throughout the whole of the Columbia report the thread of the superiority complex is drawn: to Columbia the world must look for profound research, for sound educational methods, and for a far-seeing social policy. With many statements in the report we disagree most emphatically in principle, and with some in fact. One of the glaring

ing factual errors we herewith report:

"According to a published account the Rosenwald Foundation has offered to co-operate with the organized dental profession in Chicago and New York in establishing pay clinics for the 'white-collared class,' in order to experiment with the thesis that better and less expensive service can be given, without having its offer accepted. Yet it is hard to see why dentists oppose such plans."

The FACTS, however, with regard to the Chicago situation, as reported in the proceedings of the Public Service Committee of the Chicago Dental Society (Official Bulletin, March 21, 1930, Volume X, No. 31, page 9) are these:

"Several conferences of importance have been held within the past few weeks with Dr. Michael Davis, Director of the Rosenwald Fund. This fund will create one or more dental clinics in various parts of the city and the committee is acting in an advisory capacity to assist and guide them in this important undertaking of public interest. At present, all of the plans discussed at these meetings have been tentative and in due time will be presented to the society for their approval. The clinics will be for the public who are able to pay only a nominal fee, as reports have been published that approximately 80 per cent of the people are not in the financial position to pay for private dental pro-

fessional services. The services will be principally for adults; certain hours have been set aside for children. It has also been suggested that the clinics will serve as a training school for dental graduates who desire an internship before entering private practice. The entire phase of this question will be given proper consideration by a joint committee selected by the chairmen of the Public Service and Dental Economics Committee."

The many dentists of the country who have an acute social conscience will resent the implication in the Columbia report that they are unmindful of the public welfare. The scores of dentists in the country who have given of their time and energies in the promotion of oral hygiene, public school and other clinics, and general dental health cannot be accused of economic self interest.

The principal indictment in the case against "Education on Varying Levels" is this: Whereas, education is a process that is constantly striving, pushing upward and forward, toward improvement in the individual and in society, "Education on Varying Levels" represents retrogression. Rather than improve the quality and kind of dental training the Columbia scheme is to *increase quantity and decrease quality*. The whole thing is strangely suggestive of the Machine Age in its worst moments. In the name of high ideals the Columbia group proposes to introduce the factory

system into dentistry. The results of the Industrial Revolution, with the change from individual productivity to mass production, are not assuring that the best in human values is guaranteed by the change from individual initiative and responsibility to large scale, impersonal, standardized production. The factory system to come into dentistry will be the dawn of a dismal day—the debauchery of the profession and the public.

Assuming the great risk of being accused of sensationalism and florid journalism, let us suppose that the reformers have succeeded in their attempt to establish dental education on varying levels. A survey of society at this date might show us something of this sort: The unemployed or dissatisfied artisan reads an advertisement in his local paper, "Learn Dentistry in a Year. Dignified Career Assured for \$1500." He mails the coupon according to the instruction "TODAY." Several days pass and the "contact" man from the Dental Trade School calls. He talks largely of suffering humanity, of the honorable career, of the \$2400 a year income. The artisan under the spell of the salesman loses his interest in barbering, in machine tending, in tree surgery. His ambition becomes crystallized—he must become a dentist. He signs on the dotted line and the salesman departs rubbing his palms.

The session at the Dental

Trade School begins. From the plow, from the street, from the counter, from the city, from the hinterland the students pour in. In three weeks they are graduates in anatomy, in three more in physiology, and in three more in pathology. Nine weeks and their fingers itch to do the exacting dental surgery so vividly proclaimed in the school's advertisements. But their day soon is at hand. After three more weeks in plaster manipulating, cutting in bone teeth, and cutting cavities and filling teeth in cadavers they are ready to operate. The elapsed time from the plow or grocery counter is twelve weeks.

For the first few months after the technicians enter the enormous operatorium the patients do not appear to care for the treatment. From one corner comes the feminine scream that suggests that some generous hand has exposed a pulp; from another corner the basso groan which indicates that something has been shattered; from all sides come the mingled groans, grunts, screams, and exclamations that suggest vigorous dentistry is being practiced.

Comes June and Commencement Day. A learned superdentist drones out an address about Health and Humanity. The Graduating Class shows scant interest. Then comes the talk by the Business Agent of Local 807 Dental Technicians' Union. His address is vigorous, direct, realistic. First, he tells the men of the advantages of

membership in the union—the regulation of working hours and conditions, wage scales, etc. Then he briefly tells them the various places they may secure employment with the advantages and disadvantages of each.

There is the individual superdentist who conducts his own business. Here the hours are long and the working conditions exacting. His is a business of private enterprise and he is particular in the services which he performs. His business, however, is tottering in the face of his more efficient competitors.

There are the Dental Departments of the State and Municipal governments. Here, although, the work is easy and the hours are shorter, appointments are difficult to obtain except through political influence or financial considerations. The dental divisions of the great industries are conducted on strictly business terms. Industrialists have organized dental departments as they do any other departments in their business—to show profit. Economies of operation are here essential and mass production methods and standardizations are well developed. Readymade crowns, the maximum of 1 c.c. of novocaine for tooth extraction, six-minute prophylaxis are developments of the industrial efficiency expert.

After graduation the technician finds work in one of the three different divisions of dental practice—working under an individual super-dentist, for a

government, or for a business corporation. His hours and working conditions are prescribed by the Union. He works six hours a day with subject to fine if he works after the five o'clock whistle. Persons suffering from toothache in the evening, on Sunday, or holidays must wait until the regular working day according to union regulations. Strikes and sabotage may be important instruments of bargaining.

For a few short years after the advent of this form of dental practice the public is enthusiastic. Prices have been reduced and dentistry has been made available to the masses. But slowly and insidiously, by mergers and combines and the political intrigue of vested interests, the control of dental practice has been secured by a few powerful men. The Dental Trust is at hand. History has repeated itself. The great trusts in the oil and public utility industries, for example, seized a material thing from the public — money; the Dental Trust will take from man the greatest of all his possessions—health. But how? By reducing the price and the quality of dental services; by obliterating the personal relation between dentist and patient which is necessary in any health service; by applying standardized methods to a service which must always be highly personalized and individual. Then the swing away from the chain-store method of dentistry to the indi-

vidual enterprise will begin. But no longer will the private practitioner be on the scene. From economic necessity he has been forced into other business activities. The great Dental Machine will grind on, prices and the quality of dental services will be determined by a few Dental Barons—ahead will lie chaos. Glenn Frank, President of the University of Wisconsin, in an address before the American College of Surgeons sounded a similar kind of grim warning:

" . . . unless adequate medical statesmanship is brought to the direction of the present Medical Revolution by the men now in the profession, we may lose many of the rarest values evolved by the old practitioner of the art of medicine, and it may happen that a vast high-powered medical machine, under the sponsorship of industries, insurance companies, and governments, will enter the field and subject the private practitioners of medicine to a ruinous competition they will be unable to meet."

Many will object that this presentation is absurd, fantastic, and too vivid. In no sense does it pretend to be scientific or concerned with demonstrable facts of the present. It represents an attempt to arouse the dental profession to a very real danger that lies ahead; to stimulate dental thinking in the larger problems of dental economics. But to show you that it is not altogether visionary or

improbable let us examine the last sentence in the text of the Columbia report:

"Contacts made during the year with various influential foundations encourage us to believe that ultimately the wider view of dental education and its duty to the public will secure the needed support."

In fact, the plans are ready and all that remains is the "needed financial support" to carry them into practice. Considering the millions of dollars that are given every year by individuals and foundations for

education and endowments, it is not at all unlikely that the group on the heights of upper Manhattan may get their money and begin their experiment with dental education on varying levels. All the enemies of government paternalism, state dentistry, panel dentistry, the dental trust, will oppose the plan.

Those genuinely interested in the public health and public welfare will vigorously and courageously do battle against the forces of the Dental Reformation.



The Laity Number, November, 1911.

*Dr. George Wood Clapp was first
to notice the six-fingered hand
holding the toothbrush.*

Dentistry *and the* Business Situation

By EDWIN N. KENT, D. M. D.

LECTURER ON CONDUCT OF PRACTICE, HARVARD
UNIVERSITY DENTAL SCHOOL.

THE present commercial inactivity springs, to a large extent, from something in the temper of mob psychology that is closely akin to the collective mental states that cause a run on a bank. Commerce is in a state of ill health just now; no one will deny that, and we find the same predisposing and exciting causes that meet us in the field of pathology.

There have been functional disorders afflicting the industrial patient, but she is at present mainly what the physician calls a "mental case." She is in the condition of many thousands of human patients whose convalescence will be speeded by optimistic friends and clever physicians who are thoughtful enough to keep pessimistic visitors out of the sick room.

Our great difficulty in the present crisis is the fact that we cannot lock the pessimists out. But there is one thing that we can do, and should do, we who know the power of mind.

We can kill a few destructive comments every day in our personal contacts. Don't talk

yesterday; talk tomorrow. Don't dwell on the patient's pale features; cite the ruddy spots. Don't talk the patient down; talk her up.

What we need at the present time is a few thousand active commercial psychiatrists who know the power of human thought, the vagaries of human imagination, and the demoralizing illusions of a hang-over.

If such a constructive corps got busy, one of their first jobs would be the elimination of the word "depression" from current nomenclature. Whoever brought that cloudy term out of the pessimist's vocabulary and put it in the newspaper scare-heads should be shot at sunrise. "Commercial inactivity" expresses the fact without a mournful trimming. Unimportant, do you say? Ask the psychiatrists.

No one can put business back to the conditions of three years ago with a wave of the hand, but we can all do our part to put it ahead to a more stable basis with an occasional wag of the tongue.

We, who have many per-

sonal contacts, have many responsibilities at all times. Just now it is up to us to call the attention of those, who would view the present market with a long face, to the resistive and recuperative powers of one U. S. A. which has gone through many commercial and other attacks and come out with few scars and a broad smile.

* * *

There's another aspect of the present circumstances that has led to tightened purse strings and reorganized family budgets that is of more personal than public interest to dentists. The worst sufferers in all lines of trade have been those whose wares could most easily be dispensed with by the buying public.

Dentists approach their patients with varying attitudes as to their professional responsibility, but, as George Wood Clapp puts it, there is a rather positive line of demarcation between the seller of fillings, bridges, dentures, etc., and the more serious-minded dental practitioner of strong professional instinct who considers himself a guardian of health.

In my intimate contacts with post-graduate class groups in various localities where the business side of dentistry has been freely discussed, I have many times marked these differing tendencies or attitudes, and the results of research and surveys in connection with the subject have disclosed ample evidence of the fact that stability and constancy of patronage is more

often the lot of the conscientious health guardian than of his less thorough professional brother, the tooth-filler, bridge-builder, and plate-maker.

It is interesting to note the significant effect of the present era of restricted public expenditures on these two, more or less distinct, groups of practitioners.

He with the attitude of a health guardian has nearly his usual demand for service because, especially among the intelligent classes, it is generally recognized that a sound and healthy physique is a valuable backing in times of mental stress.

And he who has never approached his patients with the prophylactic attitude and taught them the value of dental service from the standpoint of health maintenance; he whose patients simply regard him as the proprietor of a dental repair shop, is feeling keenly the public's judgment of values at a time when values must be seriously weighed by all but those few whose incomes are too large or too well protected to be materially affected by present conditions.

* * *

Summarizing the two points under consideration:

(1) The dentist, because of his intimate personal contacts, bears a goodly share of the responsibility for the dissemination of the optimistic remedy which will do more than all else to effect the return of commercial stability, and

(2) The commercial stabil-

ity of the dentist himself is best assured at all times, in any event, by a recognized constant delivery of service that aims toward maintenance of health rather than cure of disease.



The first issue, January, 1911. The page size was the same as the present ORAL HYGIENE, but there was only a third as many pages.

CS

Mr. Kinney's "PANEL DENTISTRY"

By T. N. CHRISTIAN, D.D.S., *Assistant Publisher*

IN November ORAL HYGIENE* there appeared an article entitled, "Panel Dentistry is Here." In addition to summarizing the history of Panel Dentistry and listing the principal objections, this article told about the announcement of such a system by the Prudential Society of America.

When this article went to press it was not possible to obtain complete details regarding either the Prudential Society of America or its system of Panel Dentistry. ORAL HYGIENE promised, however, that it would fully investigate and publish the facts concerning both the company and its policy.

The results of this investigation, the details of which will be presented on the following pages, prove that not only is the Prudential Society of America apparently incapable of fostering a plan of dental treatment for the American profession, but that the motives behind this system seem purely mercenary. This investigation also proves that the dental profession should look askance at the efforts of any outside agency which seeks to establish a sys-

tem for the dental treatment of the public.

The Prudential Society of America—which should not be confused with the Prudential Insurance Company of Newark, New Jersey—claims to have 120 branch offices throughout the United States and Canada. Mr. Charles Henry Kinney, president of the Society, admitted, however, that these 120 offices consisted of that number of lawyers in as many cities, each lawyer being a member of the Society. It is presumed that the original plan of this company was to have these lawyers promote Panel Dentistry in each of their respective communities.

Briefly, here is the plan under which this new "system" of Panel Dentistry is operated. The Society sells to the layman a policy which provides for free examinations at any Panel practitioner (dentist, optician or general medical practitioner), with the stipulation that any services rendered by these professional men shall be charged for at a set and standard fee. This service fee, exclusive of examination, is to be paid by the policy-holder.

The policy sells for \$2. According to Mr. Kinney, \$1.50 of this goes to the agent selling

*November, 1930, ORAL HYGIENE, p. 2388.

the policy and the balance to his company.

Now the dentist enters the picture. Upon receipt of \$1 from the dentist, this company agrees to send him at least one patient a year. The examination is to be free of charge to the patient—but if the patient agrees to having his teeth “cleaned” (nothing is said about a prophylaxis) he is to pay the dentist a set fee of \$2. If x-rays are necessary there shall be a maximum charge of \$5. There is no mention of a maximum charge for other types of dental work so it is presumed that the dentist can go the limit.

But wait! There is another little matter of \$35 that the dentist must pay for this anticipated influx of patients. No mention is made of this payment in the specimen policy which is sent to dentists who apply for the right to become Panel dentists, but, the applicant learns upon further investigation that he must first join the Prudential Society of America. The fee for this is \$35, making a total of \$36. If this company could but interest 60,000 dentists in its proposition it would secure \$2,160,000 the first year from the dental profession alone, plus the money it would derive from the sale of policies to the public at a profit of 50 cents each. It really is not such an idle dream at that—provided, of course, that dentists accepted the idea.

This brings us down to the question, “What can and will

the dental profession do about this new trend in dental practice?” It is not likely that the system advocated by this New Jersey concern will ever become widespread, due to the type of company backing it. The danger lies in the fact that the public is becoming conscious of these movements and will demand legislation to bring state or national dentistry about.

Should anyone consider this a premature cry of “Wolf!” let them not lose sight of the fact that the operations of two similar concerns have already been reported to ORAL HYGIENE. The recent efforts of politicians to force state medicine and dentistry upon the public is another indication that we must consider this problem seriously. It may not affect us immediately but rapid changes are taking place in national economics and the national health is one of the most vital assets of the nation. Dentistry may find itself face to face with a demand for changed conditions. Let it be prepared.

None of us know the exact solution of this problem but it is reasonable to believe that it will be a combined educational and operative program. As Dr. Michael Peyser has so ably pointed out*, there is one solution in bringing about a condition where more dentistry is done by the dentists of this country, thus lowering the individual cost but maintaining or even elevating the income of dentists;

**Dental Cosmos*, November, 1930.

The Publishing Staff (*Continued*)



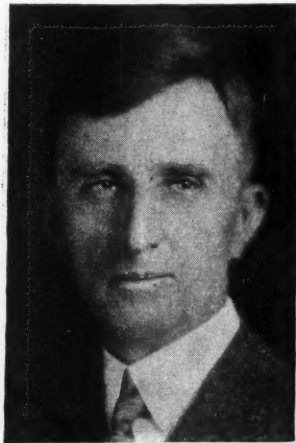
*Don Harway,
Los Angeles Office*



*Roger A. Johnstone,
Pacific Coast Manager*



*James W. Kaufman,
Associate*



*Allan D. McKinney,
Southern Manager*

The Publishing Staff (*Continued*)



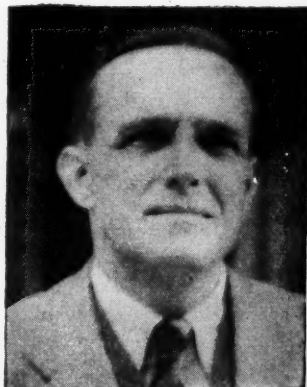
*Merwin B. Massol,
Publisher*



*Carl Schulenburg,
St. Louis Office*



*Lynn A. Smith,
Treasurer*



*Stuart M. Stanley,
Eastern Manager*

LAFFODONTIA



If you have a story that appeals to you as funny, send it in, to the editor. He MAY print it—but he won't send it back.

[FROM THE FIRST ISSUE]

HIGHLY PROBABLE

Visitor—"Did your daughter inherit her talent for drawing?"

Hostess—"Well, I never thought of it before, but it may be that she did. My brother is a dentist."

HIS PREFERENCE

Dentist—"Will you have gas?"

Farmer Oates—"Gas? We don't know much about gas down our way. I think you'd better give me coal oil."

LIKE THE STARS

He—"Her teeth are like the stars in heaven."

She—"Why?"

He—"They come out every night."

AT THE DENTIST'S

"'Ow much, mister?" "Half a crown, please." "Wot! Why, it didn't take yer half a minute. The last bloke I went to pulled me all around the room for a quarter of an hour, and then only charged me a shillin'."

DENTISTRY EXTRAORDINARY

Mrs. Boorman Wells, the noted English suffragette, was describing at a dinner in New York a very disorderly suffragette meeting.

"The noise," she said, "can only be likened to a hubbub that I once heard coming from the nursery of a friend with whom I was taking tea."

"Terrified by this infernal turmoil my friend and I burst into the nursery breathlessly. The children, in a close group by the window, the baby in the middle, looked up calmly.

"What on earth are you doing?" the mother demanded.

"We've found," said the oldest boy, "poor grandma's teeth, and we're filing them down and fitting them on the baby."

PA'S DENTIST BILL

"I guess paw must have passed a lot of time at the dentist's when he was in New York," said Johnny Green.

"Why do you think so?" queried his ma.

"'Cause I heard him tell a man today that it cost him nearly \$100 to get his eye teeth cut," replied Johnny.

A HOT ONE

"Why was there such an uproarious outburst of merriment when that last speaker began his remarks? I didn't see anything in what he said."

"But you didn't understand. Gazing out at his hearers, he said, 'I am glad to look into your faces again.'"

"What was there funny about that?"

"The gentleman has been a leading dentist in this town for a great many years."